



SUMMIT COUNTY PUBLIC HEALTH FEE SCHEDULE

SERVICE TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
CLINICAL SERVICES			
86580	Mantoux (TB Skin Test)	\$20.00	\$20.00
865801	Two Step Mantoux (TB Skin Test)	\$35.00	\$35.00
-----	Non-Contractual Professional Consulting Services (hour)	\$50.00	\$50.00
-----	Court Ordered STD Testing	\$95.00	\$95.00
OFFICE VISITS - PHYSICIAN/ RN/ MA			
99201	New Patient Office Visit, brief - NP/CNS/PA/MD/DO	\$50.00	\$50.00
99202	New Patient Office Visit, limited (20 min) - NP/CNS/PA/MD/DO	\$85.00	\$85.00
99203	New Patient Office Visit, medium (30 min)- NP/CNS/PA/MD/DO	\$125.00	\$125.00
99204	New Patient Office Visit, moderate (45 min)- NP/CNS/PA/MD/DO	\$190.00	\$190.00
99205	New Patient Office Visit, comprehensive-high complexity (60 min) - NP/CNS/PA/MD/DO	\$240.00	\$240.00
99211	Established Patient Office Visit, brief (5 min) - NP/CNS/PA/MD/DO	\$25.00	\$25.00
99212	Established Patient Office Visit, limited (10 min) NP/CNS/PA/MD/DO	\$50.00	\$50.00
99213	Established Patient Office Visit, medium (15 min) - NP/CNS/PA/MD/DO	\$85.00	\$85.00
99214	Established Patient Office Visit, moderate (25 min) - NP/CNS/PA/MD/DO	\$125.00	\$125.00
99215	Established Patient Office Visit, high (40 min) - NP/CNS/PA/MD/DO	\$165.00	\$165.00



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99384	New Adolescent Care (up to age 17)	\$75.00	\$75.00
99385	New Young Adult Care (age 18 to 39)	\$75.00	\$75.00
99386	New Adult Care (age 40-64)	\$90.00	\$90.00

SERVICE TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
OFFICE VISITS - PHYSICIAN/ RN/ MA (CONTINUED)			
99394	Established Adolescent Care (up to age 17)	\$65.00	\$65.00
99395	Established Young Adult Care (age 18 to 39)	\$63.00	\$63.00
99396	Established Adult Care (age 40 to 64)	\$67.00	\$67.00
99441	Telehealth (5-10 mins)	\$30.00	\$30.00
99442	Telehealth (11-20 mins)	\$40.00	\$40.00
99443	Telehealth (21-30 mins)	\$60.00	\$60.00
99401	Preventative Medicine, Individual Counseling Services, 15mins	\$40.00	\$40.00
99402	Preventative Medicine, Individual Counseling Services,30 mins	\$50.00	\$50.00
99403	Preventative Medicine, Individual Counseling Services,45 mins	\$60.00	\$60.00
99404	Preventative Medicine, Individual Counseling Services 60 mins	\$80.00	\$80.00
99406	Smoking Cessation Counseling, 3-5 mins	\$15.00	\$15.00
99407	Smoking Cessation Counseling, > 10 mins	\$25.00	\$25.00



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MEDICATIONS/PROCEDURES			
99024	Postoperative Follow-up Visit	\$0.00	\$0.00
96372	Therapeutic, prophylactic or diagnostic injection (SQ/IM)	\$21.00	\$21.00
T1502	Medication Administration Visit	\$25.00	\$25.00
56501	Destruction of lesion(s) vulva, simple	\$72.49	\$72.49
56515	Destruction of lesion(s) vulva, extensive	\$124.91	\$124.91
57061	Destruction of lesion(s) vaginal, simple	\$64.67	\$64.67
57065	Destruction of lesion(s) vaginal, extensive	\$144.71	\$144.71
54056	Destruction of lesion(s) penis, simple	\$66.50	\$66.50
54065	Destruction of lesion(s) penis, extensive	\$143.34	\$143.34
46900	Destruction of lesion(s) anus, simple	\$145.09	\$145.09
46924	Destruction of lesion(s) anus, extensive	\$267.19	\$267.19
SERVICE TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
MEDICATIONS/PROCEDURES (Cont.)			
S4993	Oral Contraceptive (1 month)	\$6.00	\$6.00
J1050	Depo Provera 150 mg injection	\$100.00	\$100.00
J7307	Nexplanon Implant	\$955.00	\$955.00
11981	Insertion, non-biodegradable drug delivery implant	\$72.00	\$72.00



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11982	Removal, non-biodegradable drug delivery implant	\$81.00	\$81.00
11983	Removal & Reinsertion drug delivery implant device	\$156.00	\$156.00
58300	Intrauterine device, insertion	\$51.00	\$51.00
58301	Intrauterine device, removal	\$56.00	\$56.00
J7296	Kyleena 19.5 mg	\$1,100.00	\$1,100.00
J7300	Paragard (intrauterine device)	\$870.00	\$870.00
J7298	Mirena (intrauterine device)	\$1,100.00	\$1,100.00
S4993	Plan B One Step	\$20.00	\$20.00
S0197	Prenatal Vitamins	\$5.00	\$5.00
J05AX24	Tecovirimat (TPOXX)	\$0.00	\$0.00
-----	Truvada (emtricitabine 200mg/tenofovir disoproxil fumarate 300mg)	N/A	\$0.00
-----	Descovy (tenofovir alafenamide 25 mg)	N/A	\$0.00
J3490	Apretude Injection (Cabotegravir 600 mg)	N/A	\$3,760.00
-----	Raltegravir 400 mg	N/A	\$0.00
-----	Dolutegravir 50 mg	N/A	\$0.00
-----	Cabotegravir 30 mg	N/A	\$0.00



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SERVICE TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
REFUGEE HEALTH SERVICES			
I-693	Completion of immunization section of I-693 form	\$40.00	\$40.00
RI693	Replacement of I- 693	\$25.00	\$25.00

1 Contractual charges are based on the fee schedule in effect at the time the contract was signed.

2 Summit County Public Health reserves the right to reduce or waive fees based on sliding fee scale (ability to pay) parameters and/or other state/federal programs.

3 Sexually Transmitted Disease (STD) Testing and Treatment are provided free of charge to patients under the age of 18.

4 Influenza vaccine fees are waived for Board of Health members and Township Association members.

5 Fees may be waived in response to a communicable disease outbreak.



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SERVICE TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
VACCINE			
Vaccines marked with the VFC symbol are available for VFC eligible children at no cost. See VFC Eligibility Criteria below. Vaccine administration fees still apply			
90471 90472 90473 90474 G0008 G0009	Vaccine Administration Fee (per vaccine)	\$21.00	\$21.00
90651	Gardasil 9 VFC	\$339.00	\$339.00
90632	Hepatitis A Vaccine (Adult)	\$89.00	\$89.00
90633	Hepatitis A Vaccine (Pediatric) VFC	\$64.00	\$64.00
90746	Hepatitis B Vaccine (Adult)	\$79.00	\$79.00
90744	Hepatitis B Vaccine (Pediatric) VFC	\$34.00	\$34.00
90636	Hepatitis A/B Combined Vaccine (Twinrix)	\$129.00	\$129.00
90647 90648	HIB Vaccine VFC	\$29.00	\$29.00
90672 90686 90688	Quadrivalent Influenza Vaccine (includes vaccine admin fee) VFC	\$45.00	\$45.00
90662	Quadrivalent, High Dose Influenza, Fluzone	\$70.00	\$70.00
90734 90619	Meningococcal Conjugate Vaccine, Menactra/MenQuadfi VFC	\$159.00	\$159.00
90620 90621	Meningococcal Group B Vaccine VFC	\$244.00	\$244.00



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90707	MMR Vaccine VFC	\$114.00	\$114.00
90732	Pneumococcal Vaccine (Adult)	\$149.00	\$149.00
90713	Polio VFC	\$39.00	\$39.00
90675	Rabies Vaccine	\$444.00	\$444.00
90681	Rotarix Vaccine VFC	\$169.00	\$169.00
SERVICE TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
VACCINE (Cont.)			
Vaccines marked with the VFC symbol are available for VFC eligible children at no cost. See VFC Eligibility Criteria below. Vaccine administration fees still apply			
90680	Rotateq Vaccine VFC	\$119.00	\$119.00
90714	Td - Tenivac VFC	\$49.00	\$49.00
90715	Tdap - Adacel or Boostrix VFC	\$54.00	\$54.00
90716	Varicella (Chicken Pox) Vaccine VFC	\$199.00	\$199.00
90698	Pentacel (Dtap & Polio) (Pediatric) VFC	\$99.00	\$99.00
90670	Prevnar 13 Vaccine (Pediatric & Adult) VFC	\$284.00	\$284.00
90700	Infanrix (Dtap) Vaccine (Pediatric) VFC	\$34.00	\$34.00
90696	Kinrix (Dtap & IPV ages 4-6 yrs) (Pediatric) VFC	\$74.00	\$74.00
90723	Pediarix (Dtap, Polio, Hep B) (Pediatric) VFC	\$94.00	\$94.00
90750	Zoster (Shingrix) (Adult)	\$239.00	\$239.00



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90671	Pneumococcal 15-Valent Conjugate Vaccine (Vaxneuvance)	\$274.00	\$274.00
90677	Pneumococcal 20-Valent Conjugate Vaccine (Prennar 20)	\$324.00	\$324.00
90611	Smallpox & Monkeypox Vaccine, Live Pres Free (Jynneos)	\$0.00	\$0.00
---	Vaccination Site Fee (for off-site clinics)		

2 Summit County Public Health reserves the right to reduce or waive fees based on sliding fee scale (ability to pay) parameters and/or other state/federal programs. Sliding fee scale does not apply to international travel vaccines and/or travel consultation fees.

3 VFC (Vaccines for Children Program) Eligibility Criteria- Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- Medicaid eligible: A child who is eligible for the Medicaid program.
- Uninsured: A child who has no health insurance coverage.
- American Indian or Alaskan Native
- Underinsured: A child who has commercial (private) health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.



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SERVICE TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
LABORATORY SERVICES			
36415	Specimen Collection Venous	\$10.00	\$10.00
36416	Specimen Collection Capillary	\$10.00	\$10.00
83655	Lead test	\$20.00	\$20.00
82962	Glucose Blood Stick	\$10.00	\$10.00
81025	Pregnancy Test	\$10.00	\$10.00
84460	ALT (SGPT)	\$5.00	\$5.00
84450	AST (SGOT)	\$5.00	\$5.00
87210	Wet Mount	\$7.00	\$7.00
81002	Urine Dipstick	\$4.00	\$4.00
87905	Bacterial Vaginosis Test	\$25.00	\$25.00
86780	Syphilis	\$25.00	\$25.00
87274	Herpes Type 1	\$18.00	\$18.00



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87273	Herpes Type 2	\$18.00	\$18.00
87255	Herpes Simplex Virus Type 1 & 2 w/o typing	\$20.00	\$20.00
87340	Hepatitis B (HBSAg) (Court Order)	\$15.00	\$15.00
86704	Hepatitis B (HBcAb)	\$18.00	\$18.00
86706	Hepatitis B (HBSAb) (Titre)	\$16.00	\$16.00
86765 86765 86735 86762	MMR Titre	\$50.00	\$50.00
86787	Varicella Titre	\$30.00	\$30.00
87808	Trichomonas	\$25.00	\$25.00
82947	Glucose Serum	\$6.00	\$6.00
SERVICE TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
LABORATORY SERVICES (CONTINUED)			
86803	Hepatitis C Ab	\$30.00	\$30.00
87522	Hepatitis C Antigen	\$190.00	\$190.00
86703	HIV 1 & 2 Antigen & Antibody, 3rd Generation	\$25.00	\$25.00
86701 86702	HIV 1 & 2 Antigen & Antibody, 4th Generation	N/A	\$30.00
85018	Hemoglobin	\$4.00	\$4.00



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86480	Quantiferon	\$86.00	\$86.00
88142	Thin Prep PAP	\$13.00	\$13.00
87624 87625	HPV by Thin Prep	\$35.00	\$35.00
87491	Amplified Chlamydia	\$35.00	\$35.00
87529	HSV ½ DNA, Qualitative PCR	\$29.00	\$29.00
87591	Amplified Gonorrhea	\$35.00	\$35.00
87661	Trichomonas, amplified probe technique (Urine or Swab)	\$50.00	\$50.00
87563	Mycoplasma genitalium, amplified probe technique (urine or swab)	\$30.00	\$30.00
80048	Basic Metabolic Panel	\$7.00	\$7.00
87389	HIV 1 & 2 Antibody-Send out	\$25.00	\$25.00
86593	RPR with Reflex to Titer	\$25.00	\$25.00
0241UQW	Covid-19 Cepheid PCR screening Quad (SARS-COV2, RSV, Influenza A & B)	\$50.00	\$50.00
87635QW	Covid-19 Cepheid PCR screening SARS-COV2 test	\$50.00	\$50.00
SERVICE TYPE		CURRENT FEES	Fees Effective Jan 15,2024
LABORATORY SERVICES (CONTINUED)			
87593	Monkeypox (orthopoxvirus) DNA, PCR test	\$77.00	\$77.00
82565	Creatinine	N/A	\$5.00



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80061	Lipid Panel	N/A	\$10.00
82306	25-Hydroxy Vitamin D Level	N/A	\$41.00
99188	Application of Fluoride Varnish	N/A	\$15.00

1 Contracted laboratory tests (send outs) are charged according to the current fee schedule from the laboratory performing the tests.

2 Other laboratory tests (send outs) are charged according to the current fee schedule from the laboratory performing the tests.

3 Summit County Public Health reserves the right to reduce or waive fees based on sliding fee scale (ability to pay) parameters and/or other state/federal

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DENTAL SERVICES			
D0120	Periodic Oral Exam	\$35.00	\$35.00
D0140	Limited Oral Exam	\$40.00	\$40.00
D0145	Oral Evaluation under age 3	\$35.00	\$35.00
D0150	Comprehensive Oral Evaluation over age 3	\$55.00	\$55.00
D0210	Intraoral-complete series of x-rays	\$90.00	\$90.00
D0220	Periapical X-ray	\$20.00	\$20.00
D0230	Additional Periapical X-ray	\$15.00	\$15.00
D0240	Intraoral occlusal x-ray	\$30.00	\$30.00
D0270	Single Bitewing X-ray	\$20.00	\$20.00
D0272	Two Bitewing X-rays	\$30.00	\$30.00
D0273	Three Bitewing X-rays	\$35.00	\$35.00
D0274	Four Bitewing X-rays	\$40.00	\$40.00
D0330	Panoramic Film X-ray	\$85.00	\$85.00
D0460	Pulp Vitality Test	\$30.00	\$30.00
D0470	Diagnostic casts	\$60.00	\$60.00
D1110	Prophylaxis – age 14 through Adult	\$55.00	\$55.00
D1120	Prophylaxis – age 13 and Younger	\$40.00	\$40.00
D1204	Flouride Treatment only-14 through Adult	\$20.00	\$20.00



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SERVICE TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
DENTAL SERVICES (CONTINUED)			
D1206	Topical application of flouride varnish	\$25.00	\$25.00
D1208	Topical application of fluoride-Child	\$25.00	\$25.00
D1320	Tobacco Counseling for the Control and Prevention of Dental Disease	\$20.00	\$20.00
D1321	Substance Abuse Counseling for Prevention of Oral Health Effects	\$20.00	\$20.00
D1351	Sealant (per tooth)	\$35.00	\$35.00
D1353	Sealant Repair (per tooth)	\$35.00	\$35.00
D1354	Interim caries arresting medicament application- per tooth	\$20.00	\$20.00
D1510	Space Maintainer-Fixed-Unilateral	\$195.00	\$195.00
D1516	Space Maintainer-fixed-bilateral, maxillary	\$265.00	\$265.00
D1517	Space Maintainer-fixed-bilateral, mandibular	\$265.00	\$265.00
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant	\$45.00	\$45.00
D1556	Removal of fixed unilateral space maintainer-per quadrant	\$45.00	\$45.00
D1557	Removal of fixed bilateral space maintainer-maxillary	\$45.00	\$45.00
D1558	Removal of fixed bilateral space maintainer-mandibular	\$45.00	\$45.00
D2140	Amalgam 1 Surface (primary or permanent)	\$90.00	\$90.00
D2150	Amalgam 2 Surfaces (primary or permanent)	\$105.00	\$105.00



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D2160	Amalgam 3 Surfaces (primary or permanent)	\$130.00	\$130.00
D2161	Amalgam 4 or More Surfaces (primary or permanent)	\$150.00	\$150.00
D2330	Composite 1 Surface Anterior	\$105.00	\$105.00
D2331	Composite 2 Surface Anterior	\$150.00	\$150.00
SERVICES TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
DENTAL SERVICES (CONTINUED)			
D2332	Composite 3 Surface Anterior	\$165.00	\$165.00
D2335	Composite /Incisal Angle/ or 4 surfaces	\$190.00	\$190.00
D2391	Resin Composite 1 Surface Posterior	\$110.00	\$110.00
D2392	Resin Composite 2 Surface Posterior	\$130.00	\$130.00
D2393	Resin Composite 3 Surface Posterior	\$150.00	\$150.00
D2394	Resin Composite 4 Surface Posterior	\$205.00	\$205.00
D2740	Crown- Porcelain/Ceramic Substrate*	\$800.00	\$800.00
D2750	Crown-Porcelain Fused to High Noble Metal*	\$820.00	\$820.00
D2751	Crown- Porcelain Fused to Predominantly Base Metal*	\$770.00	\$770.00
D2752	Crown- Porcelain Fused to Noble Metal*	\$770.00	\$770.00
D2790	Crown- Full Cast High Noble Metal*	\$800.00	\$800.00
D2791	Crown- Full Cast Predominantly Base Metal*	\$745.00	\$745.00
D2792	Crown- Full Cast Noble Metal*	\$745.00	\$745.00



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D2915	Re-cement Cast or Pre-fabricated Post and Core	\$60.00	\$60.00
D2920	Re-cement or Re-bond Crown	\$60.00	\$60.00
D2930	Prefab Stainless Steel Crown-Primary Tooth	\$195.00	\$195.00
D2931	Prefab Stainless Steel Crown-Permanent Tooth	\$225.00	\$225.00
D2932	Prefabricated Resin Crown	\$175.00	\$175.00
D2933	Prefabricated Stainless Steel Crown	\$235.00	\$235.00
D2934	Prefabricated Stainless Steel Crown with Resin Window	\$200.00	\$200.00
SERVICES TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
DENTAL SERVICES (CONTINUED)			
D2940	Dental Sedative Filling	\$75.00	\$75.00
D2950	Core Buildup Including Pins When Required	\$150.00	\$150.00
D2951	Pin Retention (per tooth)	\$30.00	\$30.00
D2952	Post and Core in Addition to Crown- Indirectly Fabricated*	\$240.00	\$240.00
D2954	Prefabricated Post and Core in Addition to Crown	\$235.00	\$235.00
D2960	Labial veneer (resin laminate) Chairside	\$300.00	\$300.00
D2961	Labial veneer (resin laminate) Lab	\$500.00	\$500.00
D2962	Labial veneer (porcelain laminate) Lab	\$675.00	\$675.00
D2970	Temporary crown (fractured tooth)	\$145.00	\$145.00
D2971	Procedures to Construct New Crown Under Denture*	\$150.00	\$150.00



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D3110	Pulp cap- direct (excluding final restoration)	\$45.00	\$45.00
D3120	Pulp cap- indirect (excluding final restoration)	\$45.00	\$45.00
D3220	Pulpotomy	\$115.00	\$115.00
D3240	Pulpal Therapy -Posterior Primary Tooth	\$120.00	\$120.00
D4341	Periodontal Scaling and Root Planing- 4 or more teeth	\$140.00	\$140.00
D4342	Periodontal Scaling and Root Planing - 1 to 3 teeth	\$115.00	\$115.00
D4355	Full Mouth Debridement	\$125.00	\$125.00
D4910	Peridontal Maintainance	\$80.00	\$80.00
D5110	Complete Denture - Maxillary*	\$925.00	\$925.00
D5120	Complete Denture - Mandibular*	\$925.00	\$925.00
SERVICES TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
DENTAL SERVICES (CONTINUED)			
D5130	Immediate Denture- Maxillary*	\$975.00	\$975.00
D5140	Immediate Denture- Manidibular*	\$975.00	\$975.00
D5211	Maxillary Partial Denture -Resin Base*	\$650.00	\$650.00
D5212	Mandibular Partial Denture - Resin Base*	\$650.00	\$650.00
D5213	Maxillary Partial Denture Cast Metal Framework*	\$1,310.00	\$1,310.00
D5214	Mandibular Partial Denture Cast Metal Framework*	\$1,310.00	\$1,310.00
D5225	Maxillary Partial Denture, Flexible Base*	\$1,450.00	\$1,450.00



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D5226	Mandibular Partial Denture, Flexible Base*	\$1,450.00	\$1,450.00
D5282	Removable Unilateral Partial Denture-one piece cast metal, maxillary	\$650.00	\$650.00
D5283	Removable Unilateral Partial Denture-one piece cast metal, mandibular	\$650.00	\$650.00
D5284	Removable Unilateral Partial Denture-one piece flexible base-per quadrant	\$650.00	\$650.00
D5286	Removable Unilateral Partial Denture-one piece resin-per quadrant	\$650.00	\$650.00
D5410	Adjust Complete Denture - Maxillary	\$65.00	\$65.00
D5411	Adjust Complete Denture - Mandibular	\$65.00	\$65.00
D5421	Adjust Partial Denture - Maxillary	\$65.00	\$65.00
D5422	Adjust Partial Denture - Mandibular	\$65.00	\$65.00
D5510	Repair Broken Complete Denture Base	\$125.00	\$125.00
D5520	Replace Missing/Broken Denture Teeth (each tooth)	\$125.00	\$125.00
SERVICES TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
DENTAL SERVICES (CONTINUED)			
D5610	Repair Resin Denture Base	\$125.00	\$125.00
D5620	Repair Cast Framework	\$145.00	\$145.00
D5630	Repair or Replace Broken Clasp	\$145.00	\$145.00
D5640	Replace Broken Teeth (per tooth)	\$160.00	\$160.00



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D5650	Add Tooth to Existing Partial Denture	\$160.00	\$160.00
D5660	Add Clasp to Existing Partial Denture	\$160.00	\$160.00
D5730	Reline Complete Maxillary Denture (chairside)	\$200.00	\$200.00
D5731	Reline Complete Mandibular Denture (chairside)	\$200.00	\$200.00
D5740	Reline Partial Maxillary Denture (chairside)	\$200.00	\$200.00
D5741	Reline Partial Mandibular Denture (chairside)	\$200.00	\$200.00
D5750	Reline Complete Maxillary Denture (lab)	\$300.00	\$300.00
D5751	Reline Complete Mandibular Denture (lab)	\$300.00	\$300.00
D5760	Reline Partial Maxillary Denture (lab)	\$300.00	\$300.00
D5761	Reline Partial Mandibular Denture (lab)	\$300.00	\$300.00
D5876	Add metal substructure to acrylic full denture (per arch)	\$125.00	\$125.00
D6056	Prefabricated Abutment (Modification and Placement)	\$525.00	\$525.00
D6057	Implant Custom Abutment	\$565.00	\$565.00
D6058	Abutment Supported Porcelain/Ceramic Crown*	\$1,200.00	\$1,200.00
D6059	Abut Supp Porcelain to Mtl Crown Hi Nob*	\$1,200.00	\$1,200.00
SERVICES TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
DENTAL SERVICES (CONTINUED)			
D6060	Abut Supp Porcelain to Mtl Crown Predom*	\$875.00	\$875.00



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D6061	Abut Supp Porcelain to Mtl Crown Nob Mtl*	\$935.00	\$935.00
D6065	Implant Supported Porcelain/Ceramic Crown*	\$1,010.00	\$1,010.00
D6066	Implant Supported Porcelain Fused to Metal Crown*	\$990.00	\$990.00
D6240	Pontic- Porcelain Fused to High Noble Metal*	\$820.00	\$820.00
D6241	Pontic- Porcelain Fused to Predominantly Base Metal*	\$750.00	\$750.00
D6242	Pontic- Porcelain Fused to Noble Metal*	\$770.00	\$770.00
D6245	Pontic - Porcelain/Ceramic*	\$800.00	\$800.00
D6545	Retainer- Cast Metal for Resin Bonded Fixed Prosthesis*	\$250.00	\$250.00
D6740	Crown - Porcelain/Ceramic Substrate*	\$800.00	\$800.00
D6750	Crown - Porcelain Fused to High Noble Metal*	\$820.00	\$820.00
D6751	Crown - Porcelain Fused to Predominantly Base Metal*	\$750.00	\$750.00
D6752	Crown - Porcelain Fused to Noble Metal*	\$770.00	\$770.00
D6930	Re-cement or Re-bond Fixed Partial Denture	\$50.00	\$50.00
D7111	Extract, Coronal Remnants - Deciduous Tooth	\$85.00	\$85.00
D7140	Basic Extraction (per tooth)	\$105.00	\$105.00
D7210	Surgical Extraction (per tooth)	\$200.00	\$200.00
D7220	Soft Tissue Extraction (per tooth)	\$305.00	\$305.00
D7230	Part Bony Impact w/Remov Bone, Tooth Sect	\$305.00	\$305.00
D7270	Tooth Re-implantation or Stabilization	\$250.00	\$250.00



SUMMIT COUNTY PUBLIC HEALTH FEE SCHEDULE

SERVICES TYPE		CURRENT FEES	Fees Effective Jan 15, 2024
DENTAL SERVICES (CONTINUED)			
D7510	Incision & Drainage of Abscesses - Intraoral Soft Tissue	\$125.00	\$125.00
---	MI Paste Treatment	\$20.00	\$20.00
D9110	Palliative (emergency) Tx of Dental Pain	\$65.00	\$65.00
D9120	Fixed Partial Denture Sectioning	\$105.00	\$105.00
D9910	Application of Desensitizing Medicaments	\$35.00	\$35.00
D9911	Application of Desensitizing Resin (per tooth)	\$75.00	\$75.00
D9944	Occlusal Guard-hard appliance full arch	\$400.00	\$400.00
D9945	Occlusal Guard-soft appliance full arch	\$400.00	\$400.00
D9946	Occlusal Guard-hard appliance partial arch	\$400.00	\$400.00
D9941	Fabrication of Athletic Mouth guard	\$100.00	\$100.00

1Summit County Public Health reserves the right to reduce or waive fees based on sliding fee scale (ability to pay) parameters and/or other state/federal programs. Exclusions and discount limits may apply. See Summit County Public Health Medical and Dental Fee Policy for details.

*Exclusions: The following services will be billed at 60% of actual charges regardless of discount eligibility due to associated lab costs.

- Dentures
- Crowns
- Bridge Work

**The services listed below may not be discounted any lower than the fee to the right regardless of income:

- Extractions non-surgical (per tooth) \$30.00
- Cleaning, exam and diagnostic x-rays (bitewings only) \$50.00
- Emergency walk-in exam, x-ray and extraction \$65.00



SUMMIT COUNTY PUBLIC HEALTH FEE SCHEDULE