



COMMONWEALTH of VIRGINIA

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MEMORANDUM

TO: The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

Michael Maul
Director, Department of Planning and Budget

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: Virginia Department of Health Fee Inventory

This report is submitted in compliance with Chapter 2 of the 2024 Virginia Acts of the Assembly, Special Session I – Item 283(H), which states:

The Virginia Department of Health shall inventory all fees collected by the agency for its operations. The Department shall provide a report: (i) that lists every fee collected by the agency; (ii) provides the legal authority for each fee and whether or not the agency has discretion to change it; (iii) that contains the amount of the fee and the revenue generated by the fee over the prior three fiscal years; (iv) that lists the last time the fee was increased or decreased; and (v) on whether the fee is sufficient to cover the costs of the activity for which it is collected and to include a recommendation on the fee amount that is appropriate. The Department shall submit the report to the Director, Department of Planning and Budget and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by October 1, 2024.

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/AJ
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

VIRGINIA DEPARTMENT OF HEALTH FEE INVENTORY

REPORT TO
THE DEPARTMENT OF PLANNING AND BUDGET
AND THE VIRGINIA GENERAL ASSEMBLY

2024

VIRGINIA DEPARTMENT OF HEALTH

PREFACE

Chapter 2 of the 2024 Acts of Assembly, Item 283(H) mandates the Virginia Department of Health to inventory and report on all fees collected by the agency. Information must include for all fees: a description and the amount of the fee, the enabling legal authority, revenue generated over the prior three fiscal years, when the fee was last increased or decreased, and if the fee is sufficient to cover the costs of the activity for which it is collected. A further requirement is that the agency shall include a recommendation on the appropriate fee amount. The Department shall submit the report to the Director, Department of Planning and Budget and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by October 1, 2024.

STUDY CONTRIBUTORS

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EXECUTIVE SUMMARY

The Virginia General Assembly tasked the Virginia Department of Health (VDH) to inventory all fees collected by the agency for its operations and to provide a report detailing specific information about each of the fees to the Director of the Department of Planning and Budget and to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees. Fees and relevant information about each fee were identified and reported by offices within the Department who are primarily responsible for administering the activities for which the fees are collected. The Office of Financial Management provided 3-year revenue reports and VDH Governmental and Regulatory Affairs staff compiled this inventory and associated report.

Of the fees included in the inventory, 24 fees, or 17%, have not been modified in the last 20 years. Fifty-nine fees (42%) have not been modified in the last 10 years. Thirty-three percent of fees have not been modified since enactment. Key fee adjustment recommendations are summarized below.

RECOMMENDATIONS

This fee inventory highlights 141 distinct fees collected across 22 program areas by VDH.

1. Of the 141 fees, one fee is recommended for elimination.
2. Of the 141 fees, 24 fees are not recommended for adjustment.
 - a. No fee change is recommended for clinical services fees (medical, laboratory, and dental health service).
3. Of the 141 fees, 116 fees are recommended for adjustment.
 - a. Legislative action would be required to adjust 38 of these fees.
 - b. Regulatory action would be required to adjust 78 of these fees.
 - c. The remaining 26 fees are recommended for adjustment, but the adjusted fee amount is indeterminate at this time. Further research will be required to determine appropriate recommendations for fee adjustments.

INTRODUCTION

STUDY MANDATE

Pursuant to Item 283(H) of Chapter 2 of the 2024 Acts of Assembly, Special Session I, the Virginia Department of Health (VDH) shall inventory all fees collected by the Department for its operations and shall provide a report which includes the following information:

- (i) Every fee collected by the agency.
- (ii) The legal authority for each fee and whether or not the agency has discretion to change it.
- (iii) The amount of the fee and the revenue generated by the fee over the prior three fiscal years.
- (iv) The last time the fee was increased or decreased.
- (v) Whether the fee is sufficient to cover the costs of the activity for which it is collected and to include a recommendation on the fee amount that is appropriate.

The full text of the mandate can be found in Appendix A.

STUDY ACTIVITIES AND METHODOLOGY

To complete this mandate, VDH created a fee identification form which was sent to all offices to complete. Of the 18 offices at VDH, 8 reported collecting fees for services provided to external persons or groups. The remaining 10 offices are either focused on internal support for the agency or work through the local health districts for any fees. A listing of the non-fee collecting offices can be found on page 4.

After the fee forms were completed by offices, staff met with each responding office and the Office of Financial Management to discuss fee sufficiency, context, and 3-year revenues. Fees were collapsed into 22 program areas. Of the 18 offices within VDH, only 8 reported collecting fees included in this inventory. The full inventory can be found in Appendix B.

PROGRAM AREAS

Program areas were developed to help group different fees collected by offices for ease of analysis. These program areas are distinct from and do not necessarily align with the programmatic elements in the VDH section of the Appropriation Act. Group definitions utilized for this report are found in Table 1 - Program Areas and Definitions.

Table 1 - Program Areas and Definitions

Program Area	Definition
State Anatomical Program	Activities and services related to the donation and receipt of human bodies by the Office of the Chief Medical Examiner as governed by §§ 32.1-298 - 32.1-304 of the Code of Virginia
Medical Examinations	Medical Examiner services governed by Article 1 of Chapter 8 of Title 32.1 of the Code of Virginia and cremation authorizations governed by Chapter 8.1 of Title 32.1 of the Code of Virginia
Clinical Services	Medical and laboratory services provided at Local Health Districts pursuant to § 32.1-11 of the Code of Virginia
Food Safety	Activities administered by Local Health Districts and the Office of Environmental Health Services related to the regulation, permitting, and inspection of food establishments, mobile food units, and temporary food establishments as governed by Title 35.1 of the Code of Virginia and 12VAC5-421 and authorized to collect fees by Item 278(C) and (D) of Chapter 2 of the 2024 Acts of Assembly, Special Session I
Tourist Establishments	Activities administered by Local Health Districts and the Office of Environmental Health Services related to the regulation, permitting, and inspection of hotels, campgrounds, and summer camps as governed by Title 35.1 of the Code of Virginia and 12VAC5-431, 12VAC5-

Fee Inventory, 2024

	450, and 12VAC5-440, respectively, and authorized to collect fees established in Item 278(C) of Chapter 2 of the 2024 Acts of Assembly, Special Session I
Water and Wastewater Services	Activities administered by Local Health Districts and the Office of Environmental Health Services related to the regulation, permitting, and inspection of onsite sewage system, alternative discharge systems, and private wells as governed by § 32.1-164 of the Code of Virginia and 12VAC5-620 and authorized to collect fees established in Item 278(A)(1)-(11) of Chapter 2 of the 2024 Acts of Assembly, Special Session I
Waterworks Operations	Activities administered by the Office of Drinking Water related to the regulation and permitting of waterworks as defined in § 32.1-167 of the Code of Virginia and governed by Article 2 of Chapter 6 of Title 32.1 of the Code of Virginia
Onsite Operation and Maintenance Fund	Activities related to the operation and maintenance of alternative onsite systems pursuant to §32.1-164(H) of the Code of Virginia and 12VAC5-613-190
Bedding & Upholstered Furniture	Activities related to the regulation and licensing of distributors, manufacturers, renovators, reupholsterers, supply dealers, importers, and sanitizers of bedding and/or upholstered furniture as governed by § 32.1-218 of the Code of Virginia and 12VAC5-125-180
Dental Health Services	Dental health services administered by the Office of Family Health Services and provided at Local Health Districts authorized by § 32.1-11 of the Code of Virginia
Certificate of Public Need	Activities administered by the Office of Licensure and Certification related to the Certificate of Public Need program pursuant to Article 1.1 of Chapter 4 of Title 32.1 of the Code of Virginia and 12VAC5-220
Home Care Organizations	Activities administered by the Office of Licensure and Certification related to the licensure and inspection of Home Care Organizations pursuant to Article 7.1 of Chapter 5 of Title 32.1 of the Code of Virginia and 12VAC5-281
Hospice	Activities administered by the Office of Licensure and Certification related to the licensure and inspection of Hospice pursuant to Article 7 of Chapter 5 of Title 32.1 of the Code of Virginia and 12VAC5-291
Managed Care Health Insurance Plans	Activities administered by the Office of Licensure and Certification related to the licensure of Managed Care Health Insurance Plans pursuant to Article 1.1 of Chapter 5 of Title 32.1 of the Code of Virginia and 12VAC5-481
Nursing Homes	Activities administered by the Office of Licensure and Certification related to the licensure and inspection of Nursing Homes pursuant to Article 1 of Chapter 5 of Title 32.1 of the Code of Virginia and 12VAC5-371
Hospitals	Activities administered by the Office of Licensure and Certification related to the licensure and inspection of Hospitals pursuant to Article 1 of Chapter 5 of Title 32.1 of the Code of Virginia and 12VAC5-410
Private Review Agents	Activities administered by the Office of Licensure and Certification related to the licensure of Private Review Agents pursuant to Article 2.1 of Chapter 5 of Title 32.1 of the Code of Virginia and 12VAC5-405
Radioactive Materials	Activities administered by the Office of Radiological Health related to the regulation, licensure, and inspection of Radioactive Materials pursuant to § 32.1-229 of the Code of Virginia and 12VAC5-490
X-ray - Registration	Activities administered by the Office of Radiological Health related to the regulation and registration of x-ray machines pursuant to § 32.1-229.1 and 12VAC5-490-10
X-ray - Inspection	Activities administered by the Office of Radiological Health related to the regulation and inspection of x-ray machines pursuant to § 32.1-229 of the Code of Virginia and 12VAC5-490-20
Administration	This program refers to fees collected for services administered only by the Office of Vital Records (Central Office). Activities pursuant to Chapter 7 of Title 32.1 of the Code of Virginia and administered by the Office of Vital Records related to amendments to vital records pursuant to 12VAC5-440 to 12VAC5-460 and the filing of Delayed Birth Certificates pursuant to 12VAC5-230 to 12VAC5-460
Vital Statistics	This program refers to fees collected for services administered by the Office of Vital Records, local registrars, or the Office of Vital Records. Activities pursuant to Chapter 7 of Title 32.1 of the Code of Virginia and administered by the Office of Vital Records related to the issuance of vital records by the Office of Vital Records, local registrars, or the Department of Motor Vehicles related pursuant to 32.1-273 of the Code of Virginia. Vital Statistics fee rates are established in 2024 Acts of Assembly, SS 1, Chapter 2 - Item 274

VDH DISCRETION TO CHANGE FEE

Each item in the inventory indicates whether or not the Department has discretion to change the fee. Some fees amounts are limited by a statutory or regulatory cap but may be lowered by the Department – in such cases, the Department is considered to have discretion to change the fee up to the prescribed cap.

3-YEAR REVENUE TOTALS

Revenue totals were determined using the VDH financial accounts into which each fee is deposited. For example – fee revenues for Campground Permits reflect the total annual revenues from account 4002229 – CAMPGROUND-E.H. PERMIT FEE, as shown in Table 2 - Campground Fee Revenue Account Totals.

Table 2 - Campground Fee Revenue Account Totals

Sum of Amount							
Fund	Fund name	Account	Account Description	FY 2022	FY 2023	FY 2024	Grand Total
2050	LOCAL HEALTH DISTRICT SERVICE REVENUE	4002229	CAMPGROUND-E.H.PERMIT FEE	\$ 17,564.00	\$ 17,640.00	\$ 18,214.00	\$ 53,418.00
	LOCAL HEALTH DISTRICT SERVICE REVENUE Total			\$ 17,564.00	\$ 17,640.00	\$ 18,214.00	\$ 53,418.00
2050 Total				\$ 17,564.00	\$ 17,640.00	\$ 18,214.00	\$ 53,418.00
Grand Total				\$ 17,564.00	\$ 17,640.00	\$ 18,214.00	\$ 53,418.00

Fiscal year revenues reflect total revenues generated by a fee or program area; for revenues split among multiple funds, the sum of the revenues across all relevant funds is reported. Table 3 - Revenue Totals for Accounts with Multiple Funds shows total revenues for account 4002242 – CERTIFICATION LETTER LESS THAN 1000 GPD. These revenues are divided between Fund 0250 and Fund 2170. The revenues displayed in the fee inventory are the Grand Total for each fiscal year.

Table 3 - Revenue Totals for Accounts with Multiple Funds

Sum of AMOUNT							
FUND	Fund name	Account	Account Description	FY 2022	FY 2023	FY 2024	Grand Total
2050	LOCAL HEALTH DISTRICT SERVICE REVENUE	4002242	CERTIFICATION LETTER LESS THAN 1000GPD	\$ 4,790.00	\$ 3,210.00	\$ 4,790.00	\$ 12,790.00
	LOCAL HEALTH DISTRICT SERVICE REVENUE Total			\$ 4,790.00	\$ 3,210.00	\$ 4,790.00	\$ 12,790.00
2050 Total				\$ 4,790.00	\$ 3,210.00	\$ 4,790.00	\$ 12,790.00
2170	ONSITE SEWAGE INDEMNIFICATION FUND	4002242	CERTIFICATION LETTER LESS THAN 1000GPD	\$ 60.00	\$ 40.00	\$ 50.00	\$ 150.00
	ONSITE SEWAGE INDEMNIFICATION FUND Total			\$ 60.00	\$ 40.00	\$ 50.00	\$ 150.00
2170 Total				\$ 60.00	\$ 40.00	\$ 50.00	\$ 150.00

Grand Total				\$ 4,850.00	\$ 3,250.00	\$ 4,840.00	\$ 12,940.00
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For most fee entries in the Fee Inventory, 3-year revenues are reported as combined revenues, by fiscal year, for all fees collected for each program area, as seen in Table 4 - Revenue Totals - Waterworks Operations Fees

Table 4 - Revenue Totals - Waterworks Operations Fees

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue
Drinking Water	Waterworks Operations	Community Waterworks Operation Fee	2024 Acts of Assembly, SS 1, Chapter 2, Item 280(B); § 32.1-171.1; 12VAC5-600-50	Yes - not to exceed \$3/connection and \$160,000 total	\$3/connection up to \$160,000	FY22: \$4,752,303.84 FY23: \$4,857,966.55 FY24: \$4,811,111.00
		Nontransient Noncommunity Waterworks Operation (NTNC) Fee	§ 32.1-171.1; 12VAC5-600-60	Yes	\$90	

FEE HISTORY

In the fee inventory, the phrase “No prior increase or decrease” refers to fee amounts that remain the same as when the fee was first established.

FEE SUFFICIENCY

Determinations as to whether or not a fee is sufficient to cover the cost of the activity for which it is collected, and recommended fee adjustments, were made by the office that collects the fee. This information is based on programmatic expertise related to expenditures for each activity.

FEES NOT INCLUDED

Ten offices did not report collecting fees applicable to this inventory. The list of these offices is included below:

- Office of the Commissioner
- Office of Communications
- Office of Emergency Preparedness
- Office of Emergency Medical Services
- Office of Epidemiology
- Office of Financial Management
- Office of Health Equity
- Office of Human Resources
- Office of Information Management
- Office of Procurement and General Services

Some fees may be collected related to program activities at a local level which would be captured in the CHS section. Other offices are not externally facing and offer internal supports. Types of fees not included can be seen in Table 5 - Fees Not Included

Table 5 - Fees Not Included

Type of Fee	Examples
Bad check and optional late fees	
Miscellaneous administrative fees including parking fees and fees for copies	
Optional fees that are not collected	The Office of Emergency Medical Services is authorized pursuant to 12VAC5-66-40 to collect nominal printing and shipping fees associated with Durable Do Not Resuscitate Order Forms. OEMS reported that no fees have been collected for this purpose.
Fees not directly collected by the Department	Some fees are collected by entities providing contractual services for VDH. Virginia Health Information collects fees related to Health Data Reporting pursuant to 12VAC5-215-140, Data Entry pursuant to 12VAC5-216-60, Patient Level Data Systems pursuant to 12VAC5-217-70, and Health Maintenance Organization Data Reporting pursuant to (12VAC5-407-80). Although these fees are not directly collected by VDH, revenues from fees are ultimately provided to VDH. Additionally, “4-for-Life” revenues are directed to OEMS pursuant to § 46.2-694 of the Code of Virginia.

REPORT OUTLINE

This report includes a fee information section, sorted by VDH office which provides additional context and information unique to each of the 141 fees included in the inventory. Within each office subsection, fee information is sorted by program area(s). The final section of the report provides recommendations.

FEE INFORMATION

This section of the report is intended to provide additional contextual information about the fees. The full fee inventory (Appendix B) is displayed as a spreadsheet sorted first by the VDH office by which the fee is administered, and second by the relevant program area within each office. Each row in the appendices includes a fee and the mandated information for a fee. All required information for each fee is categorized by a column in the fee inventory – descriptions for each column heading are included in Table 6 - Fee Inventory Data Dictionary. These definitions apply to Appendices C-H.

Table 6 - Fee Inventory Data Dictionary

Column Heading	Description
Office	The VDH office by which the fee is administered.
Program Area	The general programmatic grouping within the VDH office by which the fee is administered.
Fee	The title of the fee.
Legal Authority	The specific legal authority by which VDH may charge the fee.

Discretion to Change?	Whether or not VDH has discretion to change the amount of the fee. Generally, VDH is considered to have authority to change fee amounts that are set in regulations.
Fee Amount	The monetary amount that is charged for the fee.
3 Year Revenue	The total revenue for fiscal years 22-24 as determined from VDH revenue reports.
Last Increase or Decrease Date	The date of the last known fee adjustment.
Fee Before Last Increase or Decrease	The monetary amount that was charged for the fee prior to the last known fee adjustment.
Does this Fee Cover Costs Sufficiently?	Whether or not the fee amount is sufficient to cover the costs associated with the activity for which it is collected.
Recommended Fee Change	VDH's recommendation for fee adjustment.

Appendices C-H are versions of the Fee Inventory that display fees based on different characteristics. Table 7 - Fee Inventory Variations, provides descriptions of the contents of Appendices C-H. Note that these sections are scaled for tabloid (11x17) paper.

Table 7 - Fee Inventory Variations

Appendix	Description
Appendix C – Fee Inventory	Displays the entire VDH Fee Inventory sorted by Office and Program Area
Appendix D – Fees with Active Regulatory Actions	Displays only fees with regulatory actions affecting those fees in progress
Appendix E – Fees Requiring Regulatory Action	Displays only fees for which fee change recommendations would require regulatory action
Appendix F – Fees Requiring Legislative Action	Displays only fees for which fee change recommendations would require legislative action
Appendix G – Fees with Indeterminate Recommendations	Displays only fees for which the VDH recommended fee adjustment amount is indeterminate
Appendix H – Fees with No Recommended Adjustment	Displays only fees for which VDH does not recommend adjusting the fee amount

OFFICE OF THE CHIEF MEDICAL EXAMINER

The Office of the Chief Medical Examiner (OCME) collects fees for cremation authorizations and medical examiner services and fees related to the Virginia State Anatomical Program. OCME reported collecting six fees, comprising two program areas, as summarized below.

VIRGINIA STATE ANATOMICAL PROGRAM

The Virginia State Anatomical Program (VSAP) is overseen by OCME and is authorized by § 32.1-298 - § 32.1-304 of the Code of Virginia (Code). The purpose of the program is to provide human donor bodies, for the teaching of anatomy and surgery and medical research, to the State's medical schools, colleges, universities, and research facilities. The program is authorized to collect fees to from those receiving donor bodies to recoup expenses as prescribed by the Commissioner, pursuant to 32.1-

299(C). VSAP collects fees related to donor preparation type as seen in Table 8 - VSAP Schedule of Fees.

Table 8 - VSAP Schedule of Fees

Type of Donor Based on Preparation by VSAP	Current Fee
Traditional Embalmed	\$4,000.00
Soft-Cure Embalmed	\$5,000.00
Flush Embalmed (Flushed)	\$3,000.00
Unembalmed	\$2,800.00

Fees increase by 3% annually. Any fees beyond the 3% must be authorized by the State Health Commissioner in advance. The most recent fee increase went into effect on August 31, 2024. The current fee schedule is sufficient to cover the costs for the activities performed for this purpose.

MEDICAL EXAMINER SERVICES

The collection of cremation authorization fees by OCME is authorized by § 32.1-309.3 of the Code. This fee was increased from \$50 to \$100 with approval of the Virginia Board of Health (Board) on September 2, 2021. These fees are sufficient to cover the costs associated with this activity.

Section 32.1-283 of the Code authorizes the collection of a maximum \$20 medical examination fee for services provided by the OCME pursuant to that section. OCME collects the maximum fee authorized by the Code, however, due to increased expenditures for medical examiners, this fee is not sufficient to cover the costs of this activity. As the statutory cap has not changed since the establishment of this fee, OCME recommends increasing this fee to \$50 per examination.

OFFICE OF COMMUNITY HEALTH SERVICES

CLINICAL SERVICES

Pursuant to § 32.1-11 of the Code, VDH Community Health Services (CHS) provides clinical services, which include medical care services and laboratory services, at Local Health Departments (LHDs) throughout the Commonwealth.

Fees for clinical services vary depending on patient circumstances, including income level, health insurance coverage, and location. Fees are based on the Virginia Department of Medical Assistance Services (DMAS) fee schedules and are charged on a sliding fee scale determined by the recipient income level based on the U.S. Department of Health and Human Services poverty guidelines. Additionally, two sliding scale fee schedules exist - one for Northern Virginia as defined in 12VAC5-200-10 and one for the remainder of the Commonwealth. Depending on recipient income level and location, clinical services may be provided without charge. Further, no fees are charged to individuals for the following services:

- Childhood immunizations required by § 32.1-46 of the Code.
- Examination and testing of persons suspected of having or known to have tuberculosis as required by § 32.1-50.
- Examination, testing, and treatment of persons for sexually transmitted diseases as required by § 32.1-57.

- Vaccinations or other medical services related to communicable disease outbreaks or when there is a need to provide services to a large number of individuals in a community setting related to vaccine-preventable diseases or other public health concerns.

Clinical services fees are aligned with fee schedules developed by DMAS and are adjusted accordingly. The most recent fee adjustment took place on July 1, 2024.

Clinical Services are administered through LHDs and associated fee revenues constitute part of the Cooperative Local Health Budget, as defined in § 32.1-34.3 of the Code. As clinical services are provided throughout the Commonwealth either without cost or following rates determined by DMAS, fees collected for medical and laboratory services are not sufficient to cover the cost of these activities. However, the cooperative local health budget, as defined in § 32.1-34.3 of the Code, provide for three fund sources for LHDs – earned revenue (fee collection), local matching funds, and state general funds. Therefore, VDH believes that fees for clinical services are appropriate to provide these services, within the context of the cooperative local health budget.

The fee inventory does not include a list of all the available clinical services and fees. For a list of all available medical services and associated fees, refer to Appendix I – VDH Medical Services Fees.

For a list of all available laboratory services and associated fees, refer to Appendix J – VDH Lab Service Fees.

The total revenues for Fiscal Years 2022-2024 included in the fee inventory are the combined revenues from the accounts included in Appendix K – Clinical Services fees Revenue Accounts FY22-FY24.

COMMUNITY HEALTH SERVICES/OFFICE OF ENVIRONMENTAL HEALTH SERVICES

Section 32.1-11 of the Code authorizes the Board to formulate programs for environmental health services, which may be provided at the district level. Environmental health fees are collected locally at LHDs and constitute part of the cooperative local health budget, as defined in § 32.1-34.3 of the Code of Virginia. These include review and permitting fees for restaurants, hotels, campgrounds, and summer camps, and permit applications fees for onsite sewage and well programs.

FOOD SAFETY & TOURIST ESTABLISHMENTS

Although food safety and tourist establishments are distinct program areas, fees associated with these program areas share several features, including fee types, fee rates, legal authority, and VDH recommendations. Therefore, these fees are grouped together in this section.

Fees are collected for plan and specification review and annual permitting for restaurants, hotels, campgrounds and summer camps. These fees are limited to no more than \$40 by Item 278 of Chapter 2 of the 2024 Acts of Assembly, Special Session I.

The \$40 maximum fee for restaurant, hotel, campground, and summer camp specification review and permit fees was first established by Item 287(B) of Chapter 890 of the 2011 Acts of Assembly – a reduction from a \$95 maximum fee for restaurant reviews and a \$285 maximum fee for annual restaurant permits that was established in 2010. This fee amount has remained unchanged since 2011.

Revenues collected from these fees are retained by LHDs and used primarily to conduct inspections of food establishments, hotels, campgrounds, and summer camps, respectively. Regular inspections are required for each type of establishment pursuant to §§ 32.1-11, 35.1-13, 35.1-14, 35.1-16, and 35.1-17.

Although the total revenues generated by restaurant fees are not sufficient to cover the cost of the activities for which they are collected, an appropriate fee recommendation is indeterminate without a fee assessment/study and further consideration by VDH and stakeholders. Additionally, as needs and expenditures related to review and permit fees vary between LHDs, recommendations for fee adjustments may differ depending on local circumstances.

WATER AND WASTEWATER SERVICES

Fees assessed for Onsite Sewage Disposal Systems, Alternative Discharge Systems, and Private Well applications vary depending on type. Application fees and fee maximums are established by type by Item 278(A) of Chapter 2 of the 2024 Acts of Assembly, Special Session I.

Fee maximums were first established by Item 287(B)(7)-(11) of Chapter 854 of the 2019 Acts of Assembly and have remained unchanged.

At this time, the fee revenues are not sufficient to cover the cost of the activity for which they are collected, with the exception of the private well permit application fee. However, any recommended fee adjustment is indeterminate without a fee assessment/study and further consideration by VDH and stakeholders.

OFFICE OF DRINKING WATER

WATERWORKS OPERATIONS

The Office of Drinking Water (ODW) collects two distinct fees for waterworks operations: the community waterworks operation fee and the nontransient noncommunity (NTNC) waterworks operation fee. Fees are charged annually to the owner of a community waterworks and/or the owner of an NTNC waterworks.

Annual fees for community waterworks are calculated by multiplying the number of connections by \$3.00, which is the maximum fee-per-connection authorized by Item 280(B) of Chapter 2 of the 2024 Acts of Assembly, Special Session I. Further, § 32.1-171.1 of the Code limits the total annual fee for any given community waterworks at \$160,000. VDH currently assesses the maximum annual fees authorized by the 2024 Acts of Assembly and the Code. VDH recommends increasing the Code cap from \$160,000 annual maximum to \$357,000.

Annual fees for NTNC waterworks are \$90. This fee has not been changed since 1993. A Proposed regulatory action (Town Hall Action 5867) is currently undergoing Executive Branch review. This action seeks to amend the regulatory fee schedule as follows:

- Increase the annual NTNC Waterworks Operation Fee from \$90 to \$120.
- Add a \$60 annual fee for Transient Noncommunity Waterworks
- Add a \$2,500 annual fee for Wholesale Waterworks.

OFFICE OF ENVIRONMENTAL HEALTH SERVICES

The Office of Environmental Health Services collects fees related to the Onsite Operation and Maintenance Fund and the Bedding and Upholstered Furniture Program.

ONSITE OPERATION AND MAINTENANCE FUND

The Onsite Operation and Maintenance Fund Fee is required by § 32.1-164 of the Code and is assessed to licensed operators performing inspections and/or maintenance on alternative onsite sewage systems and submitting a subsequent report of the inspection results. A fee of \$1 must be submitted with each report. This fee is sufficient to cover this activity, however, it is recommended that this required fee be eliminated, as it is not necessary for the function of this program. The costs to VDH associated with collecting the fee exceed the amount of revenue recovered.

BEDDING AND UPHOLSTERED FURNITURE

The Bedding and Upholstered Furniture Program collects annual licensure fees, prescribed by the Board, for vendors, as seen in Table 9 - Bedding and Upholstered Furniture Schedule of Fees.

Table 9 - Bedding and Upholstered Furniture Schedule of Fees

Vendor Description:	Annual Fee:
Manufacturer of bedding	\$100
Manufacturer of upholstered furniture	\$100
Renovator (bedding)	\$25
Reupholsterer	\$25
Supply dealer	\$25
Importer	\$100
Sanitizer	\$60
Distributor/wholesaler	\$100

VDH has the authority to adjust these fees pursuant to § 32.1-218 of the Code of Virginia. A Final regulatory action (Town Hall Action 5115) is currently undergoing Executive Branch review. This Final action seeks to adjust the regulatory fee schedule to offer a sliding scale license fee to distributors and importers and remove fees for small renovators and reupholsterers, while maintaining the current fee structure for Manufacturers and Sanitizers. Additionally, this Final regulatory action adds a \$60 license fee for Sterilizers. No prior fee increase or decrease is reported because these fees have not changed since they were established in 12VAC5-125-180 in 2007.

OFFICE OF FAMILY HEALTH SERVICES

DENTAL HEALTH SERVICES

The Office of Family Health Services (OFHS) operates dental health services at some LHDs. Like Clinical Services provided by CHS, fees for services provided follow DMAS fee schedules. Current fees can be seen in Table 10 - Dental Health Services Schedule of Fees.

Table 10 - Dental Health Services Schedule of Fees

Dental Health Service:	Fee:
Sealant Fee	\$41.96/tooth
Varnish Fee	\$27.03
Child Dental Prophylaxis Fee	\$43.58
Adult Dental Prophylaxis Fee	\$61.35

Dental health services are provided at a low cost, and services may be billed to Medicaid if a patient has Medicaid coverage. Additionally, any student without a dental provider attending a VDH targeted

school with a National School Lunch Program participation rate of at least 50%, is automatically eligible to receive school dental preventive services provided by VDH personnel.

OFFICE OF LICENSURE AND CERTIFICATION

The Office of Licensure and Certification (OLC) collects multiple fees related the licensure of medical facilities in the Commonwealth, the Certificate of Public Need Program, and regulation of Managed Care Health Insurance Plans.

CERTIFICATE OF PUBLIC NEED

The application fee for the Certificate of Public Need (COPN) program is a progressive fee schedule determined by the proposed project expenditures. Currently, the fee is 1% of the proposed project expenditure, with minimum fee of \$1,000 and a maximum fee of \$20,000.

Chapter 1271 of the 2020 Acts of Assembly authorized the Board to change COPN fee amounts to ensure sufficient revenue to cover operating costs, including the addition of 2 full-time equivalent (FTE) positions for the COPN division. A Fast Track regulatory action (Town Hall Action 5707) to implement the mandates of Chapter 1271 is currently under Executive Branch review. The Fast Track action increases the application fee to 1.5% of the proposed project expenditure, with a minimum fee of \$1,600 and a maximum fee of \$44,000. Additionally, the regulatory action implements a \$70 registration fee for certain capital expenditures and the addition or replacement of existing medical equipment or services. This proposed fee increase would ensure that the fees collected would be sufficient to cover the operation costs of the program.

HOME CARE ORGANIZATIONS

Home Care Organizations (HCO) are required to pay initial and renewal licensure fees and may be required to pay reissuance/ replacement fees, late renewal fees, and/or an exemption fee, depending on certain circumstances. All HCO fees are the same as originally set in regulation on January 1, 2006.

Chapter 172 of the 2022 Acts of Assembly amended § 32.1-162.9 to change home care organization licenses from an annual license to a three-year license. This act also mandated that the fee for renewal of a home care organization license shall be \$1,500 until such time as the Board may amend or repeal regulations for the licensure of home care organizations. A Fast Track regulatory action (Town Hall Action 6109) is currently undergoing Executive Branch review to update the initial and renewal HCO license fee to \$1,500 and increase the validity of the license from one to three years.

Revenues from the fees collected are not sufficient to cover the costs of the activity as it is currently administered as OLC is experiencing a significant backlog of overdue inspections of HCOs. Currently, HCOs are required to be inspected biennial, but the volume of new applicants for HCOs per year (approximately 250 to 300) has prevented OLC from completing the biennial inspections as it must prioritize the initial inspections. To do so, OLC would be required to increase the number of HCO inspectors available to inspect these facilities and potentially increase the fees for HCOs.

The HCO licensure fee revenue from fiscal years 2023 and 2024 was \$1,087,250 and \$1,386,486.00, respectively. This fee revenue is required to sustain the HCO licensure program and its activities for the next 3 years, as HCO licenses are now renewed every 3 years. There are approximately 1,800 HCOs licensed by OLC, each paying either an initial fee of \$500 or renewal fee of \$1,500 every 3 years; this results in an estimated yearly revenue of approximately \$800,000.

OLC has not discussed increasing the HCO fees with its stakeholders, and therefore the fee adjustment is indeterminate.

HOSPICE

Hospice providers are required to pay initial and renewal licensure fees and may be required to pay reissuance/ replacement fees, late renewal fees, depending on certain circumstances.

Current hospice fees are not sufficient to cover the cost of the program or its activities. Annual expenditures for the hospice licensure program are related to inspection of hospice facilities. Revenues received from hospice licensing are not sufficient to sustain the needed FTE(s) to perform required inspections. OLC licenses approximately 80 hospice facilities, meaning that roughly half of those facilities require an inspection every year due to the biennial inspection schedule, not including any inspections resulting from complaints.

OLC has not discussed increasing the hospice fees with its stakeholders, and therefore the fee adjustment is indeterminate.

MANAGED CARE HEALTH INSURANCE PLANS

Managed Care Health Insurance Plans are required to pay an initial licensure fee of \$5,000 and a license renewal fee that is assessed as factor of income on business done in the Commonwealth which is statutorily capped at \$10,000.

The Board has limited discretion to change the fee amount collected. When the account for the program shows expenses to be 10% greater or lesser than the funds collected, the Board is directed to revise the fees levied; however, the fees may not exceed the limits set forth in § 32.1-137.2 of the Code. As the regulation currently stands, the fees set forth are the maximum allowable by the statute. At this time, fees collected for Managed Care Health Insurance Plan licenses are sufficient to cover the cost of the program and no fee adjustment is recommended.

NURSING HOMES & HOSPITALS

Inpatient hospitals and nursing homes are required to pay annual licensure fees depending on the number of beds provided. Outpatient hospitals (hospitals not providing overnight care) are required to pay a flat annual fee of \$75.

Current hospital and nursing home fees are not sufficient to cover the cost of the programs or their activities. Annual expenditures from revenues generated from hospital and nursing home license fees are related to the inspection of these facilities. Revenues received from these fees are not sufficient to sustain the needed FTE(s) to perform required inspections.

OLC has relied on over \$1 million in general funds to support the state licensing and state inspections of hospitals and nursing homes. Due to OLC's need to hire additional Medical Facilities Inspectors to address the inspection backlog, an increase in staffing would necessitate a fee adjustment.

In recent years, VDH and the relevant stakeholders have discussed a phased approach to increasing fees, over at least 3 biennia, though more discussions are needed with stakeholders to determine final fee structures. OLC believes a phased approach to fee increases is appropriate, as fees have not been adjusted in over 40 years.

PRIVATE REVIEW AGENTS

Private Review Agents are required to pay initial and renewal licensure fees. Per 12VAC5-405-60, the initial certificate fee is \$500, and an annual renewal fee is \$500. Currently, these fees are sufficient to cover the costs to administer this program.

OFFICE OF RADIOLOGICAL HEALTH

The Office of Radiological Health (ORH) is funded entirely by revenues from programs that it administers. Fees are collected across three programs: Radioactive Materials, X-Ray Inspections, and X-Ray Registration. Section 32.1-229 of the Code directs the Board to establish program for radioactive materials licensing, promulgate regulations for general and specific licensure, and establish licensure fees.

RADIOACTIVE MATERIALS

Application and licensing fees for specific radioactive material types vary depending on type and are established in 12VAC5-490-40. The fee schedule set in 12VAC5-490-40 was last changed on February 7, 2019, through regulatory action.

Pursuant to 12VAC5-481-430, a general license registration fee of \$50 per year is required for the possession of devices containing at least 10 millicuries of Cs-137, 0.1 millicuries of Sr-90, 1 millicurie of Co-60, 0.1 millicurie of Ra-226 or 1 millicurie of Am-241 or any other transuranic element with atomic number greater than 92. Fees for general licenses were established May 12, 2008, and have not changed since implementation.

Reciprocity privileges are authorized in 12VAC5-481-590. Eligibility for reciprocal recognition of radioactive materials licenses requires a fee of 50% of the annual specific license fee and is valid for 180 days. Reciprocity fees were established January 14, 2009, and have not changed since implementation.

At present, radioactive materials fees are not sufficient to cover the cost of the activities for which they are collected due to inflation and increased operational costs. A Notice of Intended Regulatory Action (NOIRA) (Town Hall Action 6098) has been filed and is currently under Executive Branch review. The subject of this NOIRA is the Virginia Radiation Protection Regulations: Fee Schedule. ORH is considering a 25% increase to all fees charged for radioactive material licensing.

X-RAY REGISTRATION

12VAC5-490-10 establishes registration fees to be paid by operators or owners of X-ray machines prescribed in that section. X-ray registration fees are collected annually and vary depending on the type of X-ray machine.

At present, X-ray registration fees are not sufficient to cover the cost of the activities for which they are collected. A NOIRA (Town Hall Action 6098) has been filed and is currently under Executive Branch review. The subject of this NOIRA is the Virginia Radiation Protection Regulations: Fee Schedule, and ORH is considering a 25% increase to all fees charged for X-ray device registration.

X-RAY INSPECTION

X-ray inspection fees are established in 12VAC5-490-20. Inspection fees and frequencies vary by type and number of tubes.

At present, fees collected for X-ray Inspections are not sufficient to cover the cost of the activities for which they are collected. A NOIRA (Town Hall Action 6098) has been filed and is currently under Executive Branch review. The subject of this NOIRA is the Virginia Radiation Protection Regulations: Fee Schedule, and ORH is considering a 25% increase to all fees charged for the inspection of X-ray machines by ORH personnel.

Private X-ray inspectors are required by § 32.1-229.1 of the Code to pay an initial registration fee of \$150 and an annual renewal fee of \$150 to remain a qualified private X-ray inspector. ORH recommends a fee increase of 25%, which would increase the X-ray private inspector fee to \$187.50. Additionally, ORH also recommends exploring an amendment to § 32.1-229.1 changing the fee setting authority to the Board.

OFFICE OF VITAL RECORDS

The Office of Vital Records (OVR) at VDH collects fees related to the administration and issuance of vital records in the Commonwealth. The administration program area is for service fees that can only be provided through OVR (Central Office). The vital statistics program area is for fees that can be collected from OVR, LHDs, or the Department of Motor Vehicles (DMV).

ADMINISTRATION

The vital record administrative fee is charged to applicants requesting amendments or corrections to certified vital records and is applicable to each application for amendment or correction to a vital record submitted to the State Registrar. The delayed birth filing fee is charged to applicants filing a birth more than one year after the intended registrant's date of birth.

As the system of vital records is revenue based, the existing fee rate to amend or correct vital records is insufficient to cover the costs of amendments or corrections to vital records and does not provide OVR the opportunity to direct revenue to the administration, governance, and operation of the system of vital records. Eleven OVR staff members process amendments and corrections to vital records, which accounts for approximately 72.31% of an employee's worktime per fiscal year. Additionally, delayed birth filing fees are insufficient to cover the costs associated with this activity, as revenues average approximately \$300 per fiscal year. Expenditures related to delayed birth filing are largely associated with the lengthy processing times by OVR staff, accounting for approximately 27.69% of an OVR staff member's work time per fiscal year.

Currently, these fees are not sufficient to cover the costs for the activities for which they are collected. OVR recommends that amendment fees and delayed birth filing fees be increased from \$10 to \$20.

VITAL STATISTICS

Issuance fees and expedited search fees are collected by OVR. A \$12 vital record issuance fee is charged for each non-expedited search of the system of vital records where a certified copy of a vital is made or not made, and per vital record certificate issued using a non-expedited process. A vital record expedited search fee of \$48 is charged to applicants for each expedited search of the system of vital records where a certified copy of a vital record is made or not made. Both the issuance fee and the expedited search fee are established in Item 274 of Chapter 2 of the 2024 Acts of Assembly, Special Session I.

Vital records issuance fees are collected for services provided by OVR, LHDs, or by the DMV. Revenue share agreements split the revenues generated between OVR and LHDs. Additionally, all revenue generated from the issuance of death certificates is retained by LHDs. Vital Record Issuance Fee

revenue is the main source of funding to support the revenue-based system of vital records and is critical to maintaining its structure and integrity. Fee revenue has been sufficient to cover the costs associated with the provision of non-expedited vital record search and issuance services; however, neither the existing revenue share agreement nor the current fee rate are sufficient to support the long-term viability of the system of vital records.

OVR recommends increasing the vital record issuance fee rate from \$12.00 to \$15.00. The vital record expedited search fee is also insufficient to cover the cost of expediting certified copies of vital records to applicants upon request. It is recommended that this fee maximum be increased from \$48 to \$53.

RECOMMENDATIONS

Item 283(H) of Chapter 2 of the 2024 Acts of Assembly, Special Session I, requires the fee inventory to include recommended appropriate fee amounts for fee amounts that are not sufficient to cover the costs of the activity for which they are collected. Of the fees included in the fee inventory, one fee is recommended for elimination, 24 fees are not recommended for adjustment, and 116 fees are recommended for adjustment.

RECOMMENDED FOR ELIMINATION

The \$1 fee for the Onsite Operation and Maintenance Fund is recommended for elimination, as it is not necessary for the function of this program. The Onsite Operation and Maintenance Fund Fee is required by § 32.1-164 of the Code and is assessed to licensed operators performing inspections and/or maintenance on alternative onsite sewage systems and submitting a subsequent report of the inspection results. A fee of \$1 must be submitted with each report.

NO RECOMMENDED ADJUSTMENT

Twenty-four fees included in the fee inventory are not recommended for adjustment, including fees for clinical services, which include medical, laboratory, and dental health services.

RECOMMENDED FOR ADJUSTMENT

Of the fees included in the fee inventory, 116 are recommended for adjustment. Regulatory action would be required to adjust 78 fees (Appendix D) – 72 of which are currently undergoing regulatory actions (Appendix E). Legislative action would be required for 38 fee adjustments (Appendix F), including the elimination of the \$1 Onsite Operations and Maintenance Fund fee. Of the 116 fees recommended for adjustment, 26 fee amount adjustments are indeterminate at this time (Appendix G). Additional research would be needed to determine appropriate fee recommendations for those with indeterminate adjustments.

**APPENDIX A – ITEM 283(H) OF CHAPTER 2 OF THE 2024 ACTS OF ASSEMBLY, SPECIAL
SESSION I**

VIRGINIA STATE BUDGET

2024 Special Session I

Budget Bill - HB6001 (Chapter 2)

Bill Order » Office of Health and Human Resources » Item 283

Department of Health

Item 283	First Year - FY2025	Second Year - FY2026
Administrative and Support Services (49900)	\$35,292,057	\$35,292,057
General Management and Direction (49901)	\$16,495,071	\$16,495,071
Information Technology Services (49902)	\$5,821,624	\$5,821,624
Accounting and Budgeting Services (49903)	\$7,819,344	\$7,819,344
Human Resources Services (49914)	\$3,056,363	\$3,056,363
Procurement and Distribution Services (49918)	\$2,099,655	\$2,099,655
Fund Sources:		
General	\$23,580,043	\$23,580,043
Special	\$10,229,479	\$10,229,479
Federal Trust	\$1,482,535	\$1,482,535

Authority: §§ 3.2-5206 through 3.2-5216, 32.1-11.3 through 32.1-23, 35.1-1 through 35.1-7, and 35.1-9 through 35.1-28, Code of Virginia.

A. Out of this appropriation, \$150,000 the first year and \$150,000 the second year from the general fund shall be provided for agency costs related to onboarding to ConnectVirginia, transition costs to convert the agency's node on ConnectVirginia to the state agency node, and provide support to other state agencies in their onboarding efforts.

B.1. The Emergency Department Care Coordination Advisory Council (ED Council), under the department's governance and direction shall: advise the State Health Commissioner regarding the operation of, changes to, and outcome measures for the Emergency Department Care Coordination Program (EDCC) for the purpose of improving the quality of patient care services. The ED Council shall include representatives from the following, as required in the ED Council Bylaws; the Commonwealth, hospitals & health systems, health plans, and providers.

2. Neither the department nor its contractor shall be obligated to enhance or expand the program without HITECH Act funds or alternative funds.

3. The department, in coordination with the ED Council, shall report annually to the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees on progress, including, but not limited to: (i) the participation rate of hospitals and health systems, providers and subscribing health plans; (ii) strategies for sustaining the program and methods to continue to improve care coordination; and (iii) the impact on health care utilization and quality goals such as reducing the frequency of visits by high-volume Emergency Department utilizers and avoiding duplication of health care services.

C. Inpatient hospitals shall report the admission source of any individuals meeting the criteria for voluntary or involuntary psychiatric commitment as outlined in § 16.1-338, 16.1-339, 16.1-340.1, 16.1-345, 37.2-805, 37.2-809, or 37.2-904, Code of Virginia, to the Board of Health. The Board shall collect and share any and all data regarding the admission source of individuals admitted to inpatient hospitals as a psychiatric patient, pursuant to § 52.1-276.6, Code of Virginia, with the Department of Behavioral Health and Developmental Services.

D. The Virginia Department of Health shall report a detailed accounting, annually, of the agency's organization and operations. This report shall include an organizational chart that shows all full- and part-time positions (by job title) employed by the agency as well as the current management structure and unit responsibilities. The report shall also provide a summary of organization changes implemented over the previous year. The report shall be made available on the department's website by August 15 of each year.

E. The State Health Commissioner shall establish a task force to assist with the promulgation of regulations and the certification process of doulas, as well as to serve as an informational resource for policy related matters for the Virginia Department of Health (VDH). The task force will include private provider organizations such as Birth in Color RVA, Urban Baby Beginnings, Motherhood Collective and any other organization or agency representatives deemed appropriate by VDH.

F. Out of this appropriation, \$557,010 the first year and \$557,010 the second year from the general fund shall be provided to establish the Office of Grants Administration. The office shall collaborate with Virginia Department of Health programs for the coordination of grant proposals, tracking the status of current grant awards and grant funded positions, providing training on grant administration, and ensuring compliance with federal, state, and local regulations. The Department shall provide a report on the status of current grants, which shall include the grantor and grant name, award amount, duration, expenditure data, number of grant funded positions, and commitment of state funds to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees, and the Director, Department of Planning and Budget by October 15 each year.

G.1. On or before November 1, 2024, the Virginia Department of Health shall review the financial and operational status of the agency, including a review of each program area. This review shall include, at a minimum, an assessment of budget, fiscal, procurement, human resources, and grant management functions. In addition, the review shall identify all measures that have been put in place to ensure adequate central oversight and internal controls. The department shall develop and implement a corrective action plan for any organizational deficiencies uncovered during this review. The State Health Commissioner of the Virginia Department of Health shall provide the results of the review to the Director, Department of Planning and Budget and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 15, 2024.

2. The Virginia Department of Health shall conduct a quarterly review of each program area to ensure that projected spending is on track to not exceed its total appropriation. The Commissioner of the Virginia Department of Health shall provide a quarterly update including, no later than 30 days after the end of each quarter, a status report on program spending that indicates whether spending is consistent with the available appropriation to the Director, Department of Planning and Budget and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees.

H. The Virginia Department of Health shall inventory all fees collected by the agency for its operations. The Department shall provide a report: (i) that lists every fee collected by the agency; (ii) provides the legal authority for each fee and whether or not the agency has discretion to change it; (iii) that contains the amount of the fee and the revenue generated by the fee over the prior three fiscal years; (iv) that lists the last time the fee was increased or decreased; and (v) on whether the fee is sufficient to cover the costs of the activity for which it is collected and to include a recommendation on the fee amount that is appropriate. The Department shall submit the report to the Director, Department of Planning and Budget and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by October 1, 2024.

APPENDIX B – GLOSSARY OF TERMS

Board – Board of Health

CHS – Community Health Services

Code – Code of Virginia

COPN – Certificate of Public Need

DMAS – Virginia Department of Medical Assistance Services

DMV – Virginia Department of Motor Vehicles

FTE – Full-time Equivalent

GPD – Gallons Per Day

HCO – Home Care Organizations

LHD – Local Health District

NOIRA – Notice of Intended Regulatory Action

NTNC – Nontransient noncommunity

OCME – Office of the Chief Medical Examiner

ODW – Office of Drinking Water

OLC – Office of Licensure and Certification

OSE/PE – Onsite Soil Evaluator/ Professional Engineer

OVR – Office of Vital Records

PBq – Petabecquerel

SNM – Special Nuclear Material

TBq – Terabecquerel

VDH – Virginia Department of Health

XRF – X-ray fluorescence analyzer

HDR – High Dose Remote Afterloader

KVp – Kilovoltage Peak

VSAP – The Virginia State Anatomical Program

APPENDIX C – VIRGINIA DEPARTMENT OF HEALTH FEE INVENTORY

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Chief Medical Examiner	State Anatomical Program	Traditional Embalmed	§ 32.1-299(C)	Yes	\$4,000	FY22: \$739,664.26 FY23: \$634,650.00 FY24: \$770,455,97	8/31/2024	\$2,300	Yes	None
		Soft-Cure Embalmed		Yes	\$5,000		8/31/2024	\$3,500	Yes	None
		Flush Embalmed		Yes	\$3,000		8/31/2024	\$2,300	Yes	None
		Unembalmed		Yes	\$2,800		8/31/2024	\$2,300	Yes	None
	Medical Examination Services	Cremation Examination Fee	§ 32.1-309.3	Yes	\$100	FY22: \$216,500.00 FY23: \$41,400.00 FY24: \$33,150.00	11/1/2021	\$50	Yes	None
		Medical Examiner Fee	§ 32.1-283	Yes - may not exceed \$20	\$20	FY22: \$112,520.00 FY23: \$109,360.00 FY24: \$102,640.00	Unknown	No prior increase or decrease	No	\$50
Community Health Services	Clinical Services	Medical Care Service Fees	§ 32.1-11	Yes	Fee dependent on service provided	FY22: \$7,048,968.06 FY23: \$8,97,436.37 FY24: \$9,814,931.54	7/1/2024	Fee dependent on service provided	Indeterminate	None
Community Health Services/ Environmental Health Services	Food Safety	Restaurant Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-14; 12VAC5-421-3710	Yes - may not exceed \$40	\$40	FY22: \$81,624.68 FY23: \$86,770.00 FY24: \$90,037.00	7/1/2011	\$95	No	Indeterminate
		Restaurant Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-14; 12VAC5-421-3720	Yes - may not exceed \$40	\$40	FY22: \$977,582.60 FY23: \$943,383.88 FY24: \$922,581.44	7/1/2011	\$285	No	Indeterminate
		Temporary Food Establishment Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(D); § 35.1-14; 12VAC5-421-3720	Yes - may not exceed \$40	\$40	FY22: \$70,612.77 FY23: \$84,213.00 FY24: \$80,220.00	7/1/2011	\$285	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Community Health Services/ Environmental Health Services	Tourist Establishments	Hotel Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-13; 12VAC5-431	Yes - may not exceed \$40	\$40	FY22: \$2,480.00 FY23: \$2,600.00 FY24: \$3,800.00	7/1/2011	\$95	No	Indeterminate
		Hotel Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-13; 12VAC5-431	Yes - may not exceed \$40	\$40	FY22: \$69,025.00 FY23: \$65,481.64 FY24: \$64,704.92	7/1/2011	\$285	No	Indeterminate
		Campground Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-17; 12VAC5-450	Yes - may not exceed \$40	\$40	FY22: \$1,400.00 FY23: \$1,664.40 FY24:\$1,360.00	7/1/2011	\$ 95	No	Indeterminate
		Campground Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-17; 12VAC5-450	Yes - may not exceed \$40	\$40	FY22: \$17,564.00 FY23: \$17,640.00 FY24: \$18,214.00	7/1/2011	\$285	No	Indeterminate
		Summer Camp Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-16; 12VAC5-440	Yes - may not exceed \$40	\$40	FY22: \$340.00 FY23: \$80.00 FY24: \$450.00	7/1/2011	\$95	No	Indeterminate
		Summer Camp Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-16; 12VAC5-440	Yes - may not exceed \$40	\$40	FY22: \$3,760.00 FY23: \$3,240.00 FY24: \$3,200.00	7/1/2011	\$285	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Community Health Services/ Environmental Health Services	Water and Wastewater Services	Construction Permit - On-site Sewage System < 1000 GPD/ Alternative Discharge Systems, no OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(1); § 32.1-164; 12VAC5-620	Yes - may not exceed \$425	\$425	FY22: \$162,321.40 FY23: \$134,742.87 FY24: \$160,339.00	7/1/2009	\$280	No	Indeterminate
		Certification Letter < 1000 GPD, no OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(2); § 32.1-164; 12VAC5-620	Yes - may not exceed \$350	\$350	FY22: \$1,810.00 FY23: \$855.00 FY24: \$565.00	7/1/2009	\$225	No	Indeterminate
		Construction Permit - On-site Sewage System < 1,000 GPD with OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(3); § 32.1-164; 12VAC5-620	Yes - may not exceed \$225	\$225	FY22: \$1,063,118.00 FY23: \$1,055,095.00 FY24: \$970,612.00	7/1/2009	\$125	No	Indeterminate
		Certification Letter - On-site Sewage System < 1,000 GPD, no OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(4); § 32.1-164; 12VAC5-620	Yes - may not exceed \$320	\$320	FY22: \$215,535.00 FY23: \$188,940.00 FY24: \$193.220.00	7/1/2009	\$125	No	Indeterminate
		Certification Letter - On-site Sewage System > 1,000 GPD	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(6); § 32.1-164; 12VAC5-620	Yes - may not exceed \$1,400	\$1,400		7/1/2009	\$1,000	No	Indeterminate
		Construction Permit - Private Well	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(5); § 32.1-164; 12VAC5-620	Yes - may not exceed \$300	\$300	FY22: \$1,843,950.00 FY23: \$1,720,903.62 FY24: \$1,587.971.00	7/1/2009	\$165	Yes	None

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Community Health Services/ Environmental Health Services	Water and Wastewater Services	Construction Permit - On-site Sewage System > 1,000 GPD	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(6); § 32.1-164;12VAC5-620	Yes - may not exceed \$1,400	\$1,400	FY22: \$8,330.00 FY23: \$11,800.00 FY24: \$4,130.00	7/1/2009	\$1,000	No	Indeterminate
		Repair Permit - Treatment Works < 1,000 GPD without OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(7); § 32.1-164; 12VAC5-620	No	\$425	FY22: \$27,895.00 FY23: \$12,900.00 FY24: \$13,120.00	7/1/2019	No prior increase or decrease	No	Indeterminate
		Repair or Voluntary Upgrade Permit - Treatment Works < 1,000 GPD with OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(8); § 32.1-164; 12VAC5-620	No	\$225	FY22: \$435,660.00 FY23: \$412,875.93 FY24: \$448,550.00	7/1/2019	No prior increase or decrease	No	Indeterminate
		Safe, adequate, and proper evaluation without OSE/PE/Installer/Operator documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(9); § 32.1-164; 12VAC5-620	No	\$150	FY22: \$174,682.80 FY23: \$172,00.00 FY24: \$165,265.00	7/1/2019	No prior increase or decrease	No	Indeterminate
		Safe, adequate, and proper evaluation with OSE/PE/Installer/Operator documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(10); § 32.1-164; 12VAC5-620	No	\$100	FY22: \$71,635.00 FY23: \$73,729.80 FY24: \$84,542.80	7/1/2019	No prior increase or decrease	No	Indeterminate
		Repair or Voluntary Upgrade Permit - Treatment Works, > 1,000 GPD with OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(11); § 32.1-164; 12VAC5-620	No	\$1,400	FY22: \$22,525.00 FY23: \$15,580.00 FY24: \$18,660.00	7/1/2019	No prior increase or decrease	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Drinking Water	Waterworks Operations	Community Waterworks Operation Fee	2024 Acts of Assembly, SS 1, Chapter 2, Item 280(B); § 32.1-171.1; 12VAC5-600-50	Yes - not to exceed \$3/connection and \$160,000 total	\$3/connection up to \$160,000	FY22: \$4,752,303.84 FY23: \$4,857,966.55 FY24: \$4,811,111.00	7/1/2021	\$2.95/ connection up to \$160,000	No	Increase annual cap to \$357,000/ Waterworks
		Nontransient Noncommunity Waterworks Operation (NTNC) Fee	§ 32.1-171.1; 12VAC5-600-60	Yes	\$90		7/1/1993	No prior increase or decrease	No	120/NTNC Waterworks Add annual Transient Noncommunity Waterworks fee of \$60 Add annual Wholesale Waterworks fee of 2,500
Environmental Health Services	Onsite Operation and Maintenance Fund	Onsite Operation and Maintenance Fund Report Fee	§ 32.1-164; 12VAC5-613-190	No	\$1	FY22: \$20,685 FY23: \$80,809 FY24: -\$36,662	7/1/2007	No prior increase or decrease	Yes	Eliminate Fee
	Bedding & Upholstered Furniture	Distributor License Fee	§ 32.1-218; 12VAC5-125-180	Yes	\$100	FY22: \$706,935.00 FY23: \$625,300.00 FY24: \$628,000.000	9/1/2007	No prior increase or decrease	Yes	Sliding scale fee structure starting at \$100
		Manufacturer of Bedding License Fee		Yes	\$100		9/1/2007	No prior increase or decrease	Yes	None
		Manufacturer of Upholstered Furniture License Fee		Yes	\$100		9/1/2007	No prior increase or decrease	Yes	None
		Renovator License Fee		Yes	\$25		9/1/2007	No prior increase or decrease	Yes	None
		Reupholsterer License Fee		Yes	\$25		9/1/2007	No prior increase or decrease	Yes	None
		Supply Dealer License Fee		Yes	\$25		9/1/2007	No prior increase or decrease	Yes	None
		Importer License Fee		Yes	\$100		9/1/2007	No prior increase or decrease	Yes	Sliding scale fee structure starting at \$100
		Sanitizer License Fee		Yes	\$60		9/1/2007	No prior increase or decrease	Yes	None
Family Health Services	Dental Health Services	Sealant Fee	§ 32.1-11	Yes	\$41.96/tooth	FY22: \$37,619.75 FY23: \$209,577.79 FY24: \$436,999.90	7/1/2023	\$32.28/tooth	No	None
		Varnish Fee		Yes	\$27		7/1/2023	\$21	No	None
		Child Dental Prophylaxis Fee		Yes	\$44		7/1/2023	\$34	No	None
		Adult Dental Prophylaxis Fee		Yes	\$61		7/1/2023	\$47	No	None

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Licensure and Certification	Certificate of Public Need	Application and Significant Changes	2024 Acts of Assembly, SS 1, Chapter 2 - Item 276 (A)(2); § 32.1-102.2; 12VAC5-220-180	Yes	1% of the proposed project expenditure. Not less than \$1,000. Not more than \$20,000	FY22: \$1,056,571.37 FY23: \$903,961.68 FY24: \$1,031,338.53	4/2/1998	Progressive fee schedule determined by capital expenditure	No	1.5% of the proposed project expenditure Not less than \$1,600Not more than \$44,000Addition of a \$70 Registration fee
	Home Care Organization Licensure	Initial Licensure Fee	§ 32.1-162.9; 12VAC5-381-70	Yes	\$500	FY22: \$672,875.00 FY23: \$1,087,250.00 FY24: \$1,386,486.00	1/1/2006	No prior increase or decrease	No	1.5% of the proposed project expenditure Not less than \$1,600 Not more than \$44,000 Addition of a \$70 Registration fee
		Reissuance/Replacement Fee		Yes	\$250		1/1/2006	No prior increase or decrease	No	\$1500 triennially
		Exemption Request Fee		Yes	\$75		1/1/2006	No prior increase or decrease	No	\$1500 triennially
		Late Renewal Fee		Yes	\$50		1/1/2006	No prior increase or decrease	No	None
		Renewal Fee	2022 Acts of Assembly, SS 1, Chapter 172(2); § 32.1-162.9; 12VAC5-381-70	Yes	\$1,500		7/1/2022	\$500	No	None
	Hospice	Initial Fee	§ 32.1-162.9; 12VAC5-381-70	Yes	\$500	FY22: \$48,875.00 FY23: \$46,725.00 FY24: \$52,101.00	11/1/2005	No prior increase or decrease	No	Indeterminate
		Renewal Fee		Yes	\$500		11/1/2005	No prior increase or decrease	No	Indeterminate
		Reissuance/Replacement Fee		Yes	\$250		11/1/2005	No prior increase or decrease	No	Indeterminate
		Late Renewal Fee		Yes	\$50		11/1/2005	No prior increase or decrease	No	Indeterminate
	Managed Care Health Insurance Plan Licensure	Initial Fee	§ 32.1-137.2; 12VAC5-408-40	Yes	\$5,000	FY22: \$351,399.22 FY23: \$198,081.63 FY24: \$375.094.81	1/20/2000	No prior increase or decrease	Yes	None
		Renewal Fee		Yes - may not exceed \$10,000 maximum	Not to exceed 1/10 of 1.0% of the proportion of direct gross premium income on business done in the Commonwealth not to exceed 10,000		1/20/2000	No prior increase or decrease	Yes	None

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Licensure and Certification	Nursing Homes	Initial Fee - 0-50 Beds	§ 32.1-130; 12VAC5-371-40	No	\$75	FY22: \$62,407.00 FY23: \$39,441.00 FY24: \$54,879.00	7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 0-50 Beds		No	\$75		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 51-333 Beds		No	\$1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 51-333 Beds		No	\$1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
		Renewal Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
	Hospitals	Initial Fee - 0-50 Beds	§ 32.1-130; 12VAC5-410-80	No	\$75	FY22: \$24,968.00 FY23: \$26,209.50 FY24: \$23,968.00	7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 0-50 Beds		No	\$75		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 51-333 Beds		No	1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 51-333 Beds		No	1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
		Renewal Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
		Hospitals not providing overnight care		No	\$75	FY22: \$5,475.00 FY23: \$6,600.00 FY24: \$6,288.00	7/1/1979	No prior increase or decrease	No	Indeterminate
	Private Review Agents	Initial Fee	§ 32.1-138.15;	Yes	\$500	FY22: \$25,500.00 FY23: \$26,500.00 FY24: \$20,500:00	7/21/1999	No prior increase or decrease	Yes	None
		Annual Renewal Fee	12VAC5-405-60	Yes	\$500		7/21/1999	No prior increase or decrease	Yes	None

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	Radioactive Materials	General License Fee	§ 32.1-229; 12VAC5-481-430	Yes	\$50	FY22: \$1,222,000.01 FY23: \$1,326,100.00 FY24: \$1,198,350.00	5/12/2008	No prior increase or decrease	No	25% Increase
		Reciprocity Fee	§ 32.1-229; 12VAC5-490-40	Yes	50% of fee for applicable license (180 days)		1/14/2009	No prior increase or decrease	No	Increase from 50% to 75% of applicable license fee
		Possession and use of Special Nuclear Material (SNM) in sealed sources contained in devices used in measuring systems	§ 32.1-229; 12VAC5-490-40	Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		SNM to be used as calibration and references sources		Yes	\$900		2/7/2019	\$500	No	25% Increase
		All other, except license authorizing SNM in unsealed form that would constitute a critical mass		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Source material processing and distribution		Yes	\$5,100		2/7/2019	\$3,000	No	25% Increase
		Source material in shielding		Yes	\$300		2/7/2019	\$200	No	25% Increase
		Source material - all other, excluding depleted uranium used as shielding or counterweights		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Broad scope for processing or manufacturing of items for commercial distribution		Yes	17,000		2/7/2019	\$10,000	No	25% Increase
		Processing or manufacturing and commercial distribution of radiopharmaceuticals, generators, reagent kits and sources or devices		Yes	\$9,000		2/7/2019	\$6,000	No	25% Increase
		Commercial distribution or redistribution of radiopharmaceuticals, generators, reagent kits and sources or devices		Yes	\$6,800		2/7/2019	\$4,000	No	25% Increase
		Processing or manufacturing of items for commercial distribution		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Industrial radiography operations performed only in a shielded radiography installation		Yes	\$5,100		2/7/2019	\$3,000	No	25% Increase

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	Radioactive Materials	Industrial radiography performed only at the address indicated on the license and at temporary job sites	§ 32.1-229; 12VAC5-490-40	Yes	\$6,000	FY22: \$1,222,000.01 FY23: \$1,326,100.00 FY24: \$1,198,350.00	2/7/2019	3,500	No	25% Increase
		Possession and use of less than 370 TBq (10,000 curies) of radioactive material in sealed sources for irradiation of materials where the source is not removed from the shield (fee waived if facility holds additional irradiator license category)		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Possession and use of less than 370 TBq (10,000 curies) of radioactive material in sealed sources for irradiation of materials where the source is exposed for irradiation purposes. The category also includes underwater irradiators for irradiation of materials in which the source is not exposed for irradiation		Yes	\$5,100		2/7/2019	\$3,000	No	25% Increase
		Possession and use of at least 370 TBq (10,000 curies) and less than 3.7 PBq (100,000 curies) of radioactive material in sealed sources for irradiation of materials		Yes	\$5,100		2/7/2019	\$3,000	No	25% Increase
		Possession and use of 3.7 PBq (100,000 curies) or more of radioactive material in sealed sources for irradiation of materials		Yes	\$8,500		2/7/2019	\$5,000	No	25% Increase
		Distribute items containing radioactive materials to persons under a general license		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	Radioactive Materials	Possess radioactive materials intended for distribution to persons exempt from licensing	§ 32.1-229; 12VAC5-490-40	Yes	\$1,700	FY22: \$1,222,000.01 FY23: \$1,326,100.00 FY24: \$1,198,350.00	2/7/2019	\$1,000	No	25% Increase
		Broad scope for research and development that does not authorize commercial distribution		Yes	\$10,200		2/7/2019	\$6,000	No	25% Increase
		Research and development that does not authorize commercial distribution		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		Installation, repair, maintenance or other service of devices or items containing radioactive material, excluding waste transportation or broker services		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		Portable gauges		Yes	\$1,300		2/7/2019	\$750	No	25% Increase
		Portable X-ray fluorescence analyzer (XRF), dewpointer or gas chromatograph		Yes	\$400		2/7/2019	\$200	No	25% Increase
		Leak testing services		Yes	\$900		2/7/2019	\$500	No	25% Increase
		Instrument calibration services		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		Fixed gauges		Yes	\$1,300		2/7/2019	\$750	No	25% Increase
		All other radioactive material licenses, except as otherwise noted		Yes	\$2,600		2/7/2019	\$1,500	No	25% Increase
		Commercial waste treatment facilities, including incineration		Yes	\$170,000		2/7/2019	\$100,000	No	25% Increase
		All other commercial facilities involving waste compaction, repackaging, storage or transfer		Yes	\$12,800		2/7/2019	\$7,500	No	25% Increase
		Waste processing - all other, including decontamination service		Yes	\$8,500		2/7/2019	\$5,000	No	25% Increase
		Well logging using sealed sources or subsurface tracer studies		Yes	\$5,100		2/7/2019	\$3,000	No	25% Increase
		Well logging using sealed sources and subsurface tracer studies		Yes	\$5,100		2/7/2019	\$3,000	No	25% Increase

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	Radioactive Materials	Commercial collection and laundry of items contaminated with radioactive material	§ 32.1-229; 12VAC5-490-40	Yes	17,000	FY22: \$1,222,000.01 FY23: \$1,326,100.00 FY24: \$1,198,350.00	2/7/2019	\$10,000	No	25% Increase
		Human use of sealed sources contained in teletherapy or stereotactic radiosurgery devices, including mobile therapy		Yes	10,200		2/7/2019	\$6,000	No	25% Increase
		Broad scope for human use in medical diagnosis, treatment, research and development (excluding teletherapy or stereotactic radiosurgery devices)		Yes	20,400		2/7/2019	\$12,000	No	25% Increase
		Mobile nuclear medicine		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Medical institutions providing imaging, diagnostic or radionuclide therapy		Yes	\$4,000		2/7/2019	\$2,300	No	25% Increase
		Medical institutions using a High Dose Remote Afterloader (HDR) or emerging technologies		Yes	\$6,400		2/7/2019	\$3,750	No	25% Increase
		Veterinary use of radioactive materials		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		In-vitro		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		Educational use or academic research and development that does not authorize commercial distribution, excluding broad scope or human use licenses		Yes	\$1,300		2/7/2019	\$750	No	25% Increase
		Production of radioisotopes with commercial distribution		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Production - all other (fee waived if facility holds medical broad scope license with no commercial distribution)		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
	X-ray - Registration	X-ray machines with required annual inspection	§ 32.1-229.1; 12VAC5-490-10	Yes	\$100/tube	FY22: \$1,156,567.50 FY23: \$1,238,890.00 FY24: \$1,282,570.00	2/7/2019	\$50/tube	No	25% Increase
		X-ray machines with required 3 year inspection		Yes	\$100/tube		2/7/2019	\$50/tube	No	25% Increase
		X-ray machines with a maximum beam energy of less than 500Kvp		Yes	\$100/tube		2/7/2019	\$60/tube	No	25% Increase

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	X-ray - Registration	X-ray machines with a maximum beam energy of 500KVp or greater	§ 32.1-229.1; 12VAC5-490-10	Yes	\$100/tube	FY22: \$1,156,567.50 FY23: \$1,238,890.00 FY24: \$1,282,570.00	2/7/2019	\$50/year	No	25% Increase
		X-ray machines used for baggage inspection		Yes	\$100/tube		2/7/2019	\$50/tube	No	25% Increase
		X-ray machines identified as cabinet or analytical		Yes	\$100/tube		2/7/2019	\$20/tube	No	25% Increase
		X-ray machines used for industrial radiography		Yes	\$100/tube		2/7/2019	\$25/tube	No	25% Increase
	X-ray - Inspection	General Radiographic (includes: Chiropractic and Special Purpose X-ray Systems)	§ 32.1-229.1; 12VAC5-490-20	Yes	\$100/tube	FY22: \$301,245.00 FY23: \$241,505.00 FY24: \$296,285.00	2/7/2019	\$50/tube	No	25% Increase
		Fluoroscopic, C-arm Fluoroscopic		Yes	\$250/tube		2/7/2019	\$230/tube	No	25% Increase
		Combination (General Purpose-Fluoroscopic)		Yes	\$250/tube		2/7/2019	\$230/tube	No	25% Increase
		Dental Intraoral and Panographic		Yes	\$500/tube		2/7/2019	\$460/tube	No	25% Increase
		Veterinary		Yes	\$100/tube		2/7/2019	\$90/tube	No	25% Increase
		Podiatric		Yes	\$175/tube		2/7/2019	\$120/tube	No	25% Increase
		Cephalometric		Yes	\$125/tube		2/7/2019	\$90/tube	No	25% Increase
		Bone Densitometry		Yes	\$130/tube		2/7/2019	\$120/tube	No	25% Increase
		Combination (Dental Panographic and Cephalometric)		Yes	\$100/tube		2/7/2019	\$90/tube	No	25% Increase
		Shielding Review for Dental Facilities		Yes	\$230/tube		2/7/2019	\$210/tube	No	25% Increase
		Shielding Review for Radiographic, Chiropractic, Veterinary, Fluoroscopic, or Podiatric Facilities		Yes	\$500/tube		2/7/2019	\$250/tube	No	25% Increase
		Baggage X-ray Unit		Yes	\$500/tube		7/12/2017	\$450/tube	No	25% Increase
		Cabinet or Analytical X-ray Unit		Yes	\$100/tube		7/12/2017	No prior increase or decrease	No	25% Increase
		Industrial Radiography X-ray Unit		Yes	\$150/tube		7/12/2017	No prior increase or decrease	No	25% Increase
		Private Inspector Application/Registration Fee		No	\$150		7/1/2016	No prior increase or decrease	No	25% increase

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Vital Records	Administration	Amendments or Corrections to Vital Records Fee	§ 32.1-273;	Yes	\$10	FY22: \$155,916.67 FY23: \$229,666.29 FY24: \$197,679.43	9/8/2003	Indeterminate	No	\$20
		Delayed Birth Filing Fee	12VAC5-550-520	Yes	\$10		9/8/2003	Indeterminate	No	\$20
	Vital Statistics	Issuance Fee	2024 Acts of Assembly, SS 1, Chapter 2 - Item 274; § 32.1-273; 12VAC5-550-520	No	\$12	FY22: \$11,311,260.70 FY23: \$11,642,962.97 FY24: \$10,750,586.79	7/1/2004	\$10	No	\$15
		Expedited Search Fee	2024 Acts of Assembly, SS 1, Chapter 2 - Item 274	No	\$48		7/1/2004	\$42	No	\$53

APPENDIX D – FEES WITH ACTIVE REGULATORY ACTIONS

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Drinking Water	Waterworks Operations	Nontransient Noncommunity Waterworks Operation (NTNC) Fee	§ 32.1-171.1; 12VAC5-600-60	Yes	\$90	PROGRAM TOTAL FY22: \$4,752,303.84 FY23: \$4,857,966.55 FY24: \$4,811,111.00	7/1/1993	No prior increase or decrease	No	\$120/NTNC Waterworks Add annual Transient Noncommunity Waterworks fee of \$60 Add annual Wholesale Waterworks fee of \$2,500
Environmental Health Services	Bedding & Upholstered Furniture	Distributor License Fee	§ 32.1-218;	Yes	\$100	FY22: \$706,935.00 FY23: \$625,300.00 FY24: \$628,000.000	9/1/2007	No prior increase or decrease	Yes	Sliding scale fee structure starting at \$100
		Importer License Fee	12VAC5-125-180	Yes	\$100		9/1/2007	No prior increase or decrease	Yes	Sliding scale fee structure starting at \$100
Licensure and Certification	Certificate of Public Need	Application and Significant Changes	2024 Acts of Assembly, SS 1, Chapter 2 - Item 276 (A)(2); § 32.1-102.2; 12VAC5-220-180	Yes	1% of the proposed project expenditure Not less than \$1,000 Not more than \$20,000	FY22: \$1,056,571.37 FY23: \$903,961.68 FY24: \$1,031,338.53	4/2/1998	Progressive fee schedule determined by capital expenditure	No	1.5% of the proposed project expenditure Not less than \$1,600 Not more than \$44,000 Addition of a \$70 Registration fee
	Home Care Organization Licensure	Initial Licensure Fee	§ 32.1-162.9; 12VAC5-381-70	Yes	\$500	PROGRAM TOTAL FY22: \$672,875.00 FY23: \$1,087,250.00 FY24: \$1,386,486.00	1/1/2006	No prior increase or decrease	No	1.5% of the proposed project expenditure Not less than 1,600 Not more than 44,000 Addition of a 70 Registration fee
		Reissuance/ Replacement Fee		Yes	\$250		1/1/2006	No prior increase or decrease	No	1500 triennially

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	Radioactive Materials Radioactive Materials	General License Fee	§32.1-229; 12VAC5-481-430	Yes	\$50	FY22: \$1,222,000.01 FY23: \$1,326,100.00 FY24: \$1,198,350.00	5/12/2008	No prior increase or decrease	No	25% Increase
		Reciprocity Fee	§ 32.1-229; 12VAC5-490-40	Yes	50% of fee for applicable license (180 days)		1/14/2009	No prior increase or decrease	No	Increase from 50% to 75% of applicable license fee
		Possession and use of Special Nuclear Material (SNM) in sealed sources contained in devices used in measuring systems	§ 32.1-229; 12VAC5-490-40	Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		SNM to be used as calibration and references sources		Yes	\$900		2/7/2019	\$500	No	25% Increase
		All other, except license authorizing SNM in unsealed form that would constitute a critical mass		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Source material processing and distribution		Yes	\$5,100		2/7/2019	\$3,000	No	25% Increase
		Source material in shielding		Yes	\$300		2/7/2019	\$200	No	25% Increase
		Source material - all other, excluding depleted uranium used as shielding or counterweights		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Broad scope for processing or manufacturing of items for commercial distribution	§ 32.1-229; 12VAC5-490-40	Yes	\$17,000		2/7/2019	\$10,000	No	25% Increase
		Processing or manufacturing and commercial distribution of radiopharmaceuticals, generators, reagent kits and sources or devices		Yes	\$9,000		2/7/2019	\$6,000	No	25% Increase
		Commercial distribution or redistribution of radiopharmaceuticals, generators, reagent kits and sources or devices		Yes	\$6,800		2/7/2019	\$4,000	No	25% Increase
		Processing or manufacturing of items for commercial distribution		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	Radioactive Materials	Industrial radiography operations performed only in a shielded radiography installation	§ 32.1-229; 12VAC5-490-40	Yes	\$5,100	FY22: \$1,222,000.01 FY23: \$1,326,100.00 FY24: \$1,198,350.00	2/7/2019	\$3,000	No	25% Increase
		Industrial radiography performed only at the address indicated on the license and at temporary job sites		Yes	\$6,000		2/7/2019	\$3,500	No	25% Increase
		Possession and use of less than 370 TBq (10,000 curies) of radioactive material in sealed sources for irradiation of materials where the source is not removed from the shield (fee waived if facility holds additional irradiator license category)		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Possession and use of less than 370 TBq (10,000 curies) of radioactive material in sealed sources for irradiation of materials where the source is exposed for irradiation purposes. The category also includes underwater irradiators for irradiation of materials in which the source is not exposed for irradiation		Yes	\$5,100		2/7/2019	\$3,000	No	25% Increase
		Possession and use of at least 370 TBq (10,000 curies) and less than 3.7 PBq (100,000 curies) of radioactive material in sealed sources for irradiation of materials		Yes	\$5,100		2/7/2019	\$3,000	No	25% Increase
		Possession and use of 3.7 PBq (100,000 curies) or more of radioactive material in sealed sources for irradiation of materials		Yes	\$8,500		2/7/2019	\$5,000	No	25% Increase
		Distribute items containing radioactive materials to persons under a general license		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	Radioactive Materials	Possess radioactive materials intended for distribution to persons exempt from licensing	§ 32.1-229; 12VAC5-490-40	Yes	\$1,700	FY22: \$1,222,000.01 FY23: \$1,326,100.00 FY24: \$1,198,350.00	2/7/2019	\$1,000	No	25% Increase
		Broad scope for research and development that does not authorize commercial distribution		Yes	\$10,200		2/7/2019	\$6,000	No	25% Increase
		Research and development that does not authorize commercial distribution		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		Installation, repair, maintenance or other service of devices or items containing radioactive material, excluding waste transportation or broker services		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		Portable gauges		Yes	\$1,300		2/7/2019	\$750	No	25% Increase
		Portable X-ray fluorescence analyzer (XRF), dewpointer or gas chromatograph		Yes	\$400		2/7/2019	\$200	No	25% Increase
		Leak testing services		Yes	\$900		2/7/2019	\$500	No	25% Increase
		Instrument calibration services		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		Fixed gauges		Yes	\$1,300		2/7/2019	\$750	No	25% Increase
		All other radioactive material licenses, except as otherwise noted		Yes	\$2,600		2/7/2019	\$1,500	No	25% Increase
		Commercial waste treatment facilities, including incineration		Yes	\$170,000		2/7/2019	\$100,000	No	25% Increase
		All other commercial facilities involving waste compaction, repackaging, storage or transfer		Yes	\$12,800		2/7/2019	\$7,500	No	25% Increase
		Waste processing - all other, including decontamination service		Yes	\$8,500		2/7/2019	\$5,000	No	25% Increase
		Well logging using sealed sources or subsurface tracer studies		Yes	\$5,100		2/7/2019	\$3,000	No	25% Increase

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	Radioactive Materials	Well logging using sealed sources and subsurface tracer studies	§ 32.1-229; 12VAC5-490-40	Yes	\$5,100	FY22: \$1,222,000.01 FY23: \$1,326,100.00 FY24: \$1,198,350.00	2/7/2019	\$3,000	No	25% Increase
		Commercial collection and laundry of items contaminated with radioactive material		Yes	\$17,000		2/7/2019	\$10,000	No	25% Increase
		Human use of sealed sources contained in teletherapy or stereotactic radiosurgery devices, including mobile therapy		Yes	\$10,200		2/7/2019	\$6,000	No	25% Increase
		Broad scope for human use in medical diagnosis, treatment, research and development (excluding teletherapy or stereotactic radiosurgery devices)		Yes	\$20,400		2/7/2019	\$12,000	No	25% Increase
		Mobile nuclear medicine		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Medical institutions providing imaging, diagnostic or radionuclide therapy		Yes	\$4,000		2/7/2019	\$2,300	No	25% Increase
		Medical institutions using a High Dose Remote Afterloader (HDR) or emerging technologies		Yes	\$6,400		2/7/2019	\$3,750	No	25% Increase
		Veterinary use of radioactive materials		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		In-vitro		Yes	\$1,700		2/7/2019	\$1,000	No	25% Increase
		Educational use or academic research and development that does not authorize commercial distribution, excluding broad scope or human use licenses		Yes	\$1,300		2/7/2019	\$750	No	25% Increase
		Production of radioisotopes with commercial distribution		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase
		Production - all other (fee waived if facility holds medical broad scope license with no commercial distribution)		Yes	\$3,400		2/7/2019	\$2,000	No	25% Increase

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	X-ray - Registration	X-ray machines with required annual inspection	§ 32.1-229.1; 12VAC5-490-10	Yes	\$100/tube	FY22: \$1,156,567.50 FY23: \$1,238,890.00 FY24: \$1,282,570.00	2/7/2019	\$50/tube	No	25% Increase
		X-ray machines with required 3 year inspection		Yes	\$100/tube		2/7/2019	\$50/tube	No	25% Increase
		X-ray machines with a maximum beam energy of less than 500KVp		Yes	\$100/tube		2/7/2019	\$60/tube	No	25% Increase
		X-ray machines with a maximum beam energy of 500KVp or greater		Yes	\$100/tube		2/7/2019	\$50/year	No	25% Increase
		X-ray machines used for baggage inspection		Yes	\$100/tube		2/7/2019	\$50/tube	No	25% Increase
		X-ray machines identified as cabinet or analytical		Yes	\$100/tube		2/7/2019	\$20/tube	No	25% Increase
		X-ray machines used for industrial radiography		Yes	\$100/tube		2/7/2019	\$25/tube	No	25% Increase
	X-ray - Inspection	General Radiographic (includes: Chiropractic and Special Purpose X-ray Systems)	§ 32.1-229.1; 12VAC5-490-20	Yes	\$100/tube	FY22: \$301,245.00 FY23: \$241,505.00 FY24: \$296,285.00	2/7/2019	\$50/tube	No	25% Increase
		Fluoroscopic, C-arm Fluoroscopic		Yes	\$250/tube		2/7/2019	\$230/tube	No	25% Increase
		Combination (General Purpose-Fluoroscopic)		Yes	\$250/tube		2/7/2019	\$230/tube	No	25% Increase
		Dental Intraoral and Panographic		Yes	\$500/tube		2/7/2019	\$460/tube	No	25% Increase
		Veterinary		Yes	\$100/tube		2/7/2019	\$90/tube	No	25% Increase
		Podiatric		Yes	\$175/tube		2/7/2019	\$120/tube	No	25% Increase
		Cephalometric		Yes	\$125/tube		2/7/2019	\$90/tube	No	25% Increase
		Bone Densitometry		Yes	\$130/tube		2/7/2019	\$120/tube	No	25% Increase
		Combination (Dental Panographic and Cephalometric)		Yes	\$100/tube		2/7/2019	\$90/tube	No	25% Increase
		Shielding Review for Dental Facilities		Yes	\$230/tube		2/7/2019	\$210/tube	No	25% Increase
		Shielding Review for Radiographic, Chiropractic, Veterinary, Fluoroscopic, or Podiatric Facilities		Yes	\$500/tube		2/7/2019	\$250/tube	No	25% Increase
		Baggage X-ray Unit		Yes	\$500/tube		7/12/2017	\$450/tube	No	25% Increase
		Cabinet or Analytical X-ray Unit		Yes	\$100/tube		7/12/2017	No prior increase or decrease	No	25% Increase
		Industrial Radiography X-ray Unit		Yes	\$150/tube		7/12/2017	No prior increase or decrease	No	25% Increase

APPENDIX E – FEES REQUIRING REGULATORY ACTION

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Licensure and Certification	Hospice	Initial Fee	§ 32.1-162.9; 12VAC5-381-70	Yes	\$500	FY22: \$48,875.00 FY23: \$46,725.00 FY24: \$52,101.00	11/1/2005	No prior increase or decrease	No	Indeterminate
		Renewal Fee		Yes	\$500		11/1/2005	No prior increase or decrease	No	Indeterminate
		Reissuance/Replacement Fee		Yes	\$250		11/1/2005	No prior increase or decrease	No	Indeterminate
		Late Renewal Fee		Yes	\$50		11/1/2005	No prior increase or decrease	No	Indeterminate
Vital Records	Administration	Amendments or Corrections to Vital Records Fee	§ 32.1-273; 12VAC5-550-520	Yes	\$10	FY22: \$155,916.67 FY23: \$229,666.29 FY24: \$197,679.43	9/8/2003	Indeterminate	No	\$20
		Delayed Birth Filing Fee		Yes	\$10		9/8/2003	Indeterminate	No	\$20

APPENDIX F – FEES REQUIRING LEGISLATIVE ACTION

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Chief Medical Examiner	Medical Examination Services	Medical Examiner Fee	§ 32.1-283	Yes - may not exceed \$20	\$20	FY22: \$112,520.00 FY23: \$109,360.00 FY24: \$102,640.00	Unknown	No prior increase or decrease	No	\$50
Community Health Services/ Environmental Health Services	Food Safety	Restaurant Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-14; 12VAC5-421-3710	Yes - may not exceed \$40	\$40	FY22: \$81,624.68 FY23: \$86,770.00 FY24: \$90,037.00	7/1/2011	\$95	No	Indeterminate
		Restaurant Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-14; 12VAC5-421-3720	Yes - may not exceed \$40	\$40	FY22: \$977,582.60 FY23: \$943,383.88 FY24: \$922,581.44	7/1/2011	\$285	No	Indeterminate
		Temporary Food Establishment Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(D) § 35.1-14; 12VAC5-421-3720	Yes - may not exceed \$40	\$40	FY22: \$70,612.77 FY23: \$84,213.00 FY24: \$80,220.00	7/1/2011	\$285	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date		Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Community Health Services/ Environmental Health Services	Tourist Establishments	Hotel Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-13;12VAC5-431	Yes - may not exceed \$40	\$40	FY22: \$2,480.00FY23: \$2,600.00FY24: \$3,800.00	7/1/2011		\$95	No	Indeterminate
		Hotel Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-13; 12VAC5-431	Yes - may not exceed \$40	\$40	FY22: \$69,025.00 FY23: \$65,481.64 FY24: \$64,704.92	7/1/2011		\$285	No	Indeterminate
		Campground Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-17; 12VAC5-450	Yes - may not exceed \$40	\$40	FY22: \$1,400.00 FY23: \$1,664.40 FY24:\$1,360.00	7/1/2011		\$95	No	Indeterminate
		Campground Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-17; 12VAC5-450	Yes - may not exceed \$40	\$40	FY22: \$17,564.00 FY23: \$17,640.00 FY24: \$18,214.00	7/1/2011		\$285	No	Indeterminate
		Summer Camp Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-16; 12VAC5-440	Yes - may not exceed \$40	\$40	FY22: \$340.00 FY23: \$80.00 FY24: \$450.00	7/1/2011		\$95	No	Indeterminate
		Summer Camp Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-16; 12VAC5-440	Yes - may not exceed \$40	\$40	FY22: \$3,760.00 FY23: \$3,240.00 FY24: \$3,200.00	7/1/2011		\$285	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Community Health Services/ Environmental Health Services	Water and Wastewater Services	Construction Permit - On-site Sewage System < 1000 GPD/ Alternative Discharge Systems, no OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(1)§32.1-164;12VAC5-620	Yes - may not exceed \$425	\$425	FY22: \$162,321.40 FY23: \$134,742.87 FY24: \$160,339.00	7/1/2009	\$280	No	Indeterminate
		Certification Letter < 1000 GPD, no OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(2) § 32.1-164; 12VAC5-620	Yes - may not exceed \$350	\$350	FY22: \$1,810.00 FY23: \$855.00 FY24: \$565.00	7/1/2009	\$225	No	Indeterminate
		Construction Permit - On-site Sewage System < 1,000 GPD with OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(3) § 32.1-164; 12VAC5-620	Yes - may not exceed \$225	\$225	FY22: \$1,063,118.00 FY23: \$1,055,095.00 FY24: \$970,612.00	7/1/2009	\$125	No	Indeterminate
		Certification Letter - On-site Sewage System < 1,000 GPD, no OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(4) § 32.1-164; 12VAC5-620	Yes - may not exceed \$320	\$320	FY22: \$215,535.00 FY23: \$188,940.00 FY24: \$193.220.00	7/1/2009	\$125	No	Indeterminate
		Certification Letter - On-site Sewage System > 1,000 GPD	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(6) § 32.1-164; 12VAC5-620	Yes - may not exceed \$1,400	\$1,400		7/1/2009	\$1,000	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Community Health Services/ Environmental Health Services	Water and Wastewater Services	Construction Permit - On-site Sewage System > 1,000 GPD	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(6)§ 32.1-164;12VAC5-620	Yes - may not exceed \$1,400	\$1,400	FY22: \$8,330.00FY23: \$11,800.00FY24: \$4,130.00	7/1/2009	\$1,000	No	Indeterminate
		Repair Permit - Treatment Works < 1,000 GPD without OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(7) § 32.1-164; 12VAC5-620	No	\$425	FY22: \$27,895.00 FY23: \$12,900.00 FY24: \$13,120.00	7/1/2019	No prior increase or decrease	No	Indeterminate
		Repair or Voluntary Upgrade Permit - Treatment Works < 1,000 GPD with OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(8) § 32.1-164; 12VAC5-620	No	\$225	FY22: \$435,660.00 FY23: \$412,875.93 FY24: \$448,550.00	7/1/2019	No prior increase or decrease	No	Indeterminate
		Safe, adequate, and proper evaluation without OSE/PE/Installer/Operator documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(9) § 32.1-164; 12VAC5-620	No	\$150	FY22: \$174,682.80 FY23: \$172,00.00 FY24: \$165,265.00	7/1/2019	No prior increase or decrease	No	Indeterminate
		Safe, adequate, and proper evaluation with OSE/PE/Installer/Operator documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(10) § 32.1-164; 12VAC5-620	No	\$100	FY22: \$71,635.00 FY23: \$73,729.80 FY24: \$84,542.80	7/1/2019	No prior increase or decrease	No	Indeterminate
		Repair or Voluntary Upgrade Permit - Treatment Works, > 1,000 GPD with OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(11) § 32.1-164; 12VAC5-620	No	\$1,400	FY22: \$22,525.00 FY23: \$15,580.00 FY24: \$18,660.00	7/1/2019	No prior increase or decrease	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Drinking Water	Waterworks Operations	Community Waterworks Operation Fee	2024 Acts of Assembly, SS 1, Chapter 2, Item 280(B); § 32.1-171.1; 12VAC5-600-50	Yes - not to exceed \$3/connection and \$160,000 total	\$3/connection up to \$160,000	FY22: \$4,752,303.84 FY23: \$4,857,966.55 FY24: \$4,811,111.00	7/1/2021	\$2.95/ connection up to \$160,000	No	Increase annual cap to \$357,000/ Waterworks
Environmental Health Services	Onsite Operation and Maintenance Fund	Onsite Operation and Maintenance Fund Report Fee	§ 32.1-164; 12VAC5-613-190	No	\$1	FY22: \$20,685 FY23: \$80,809 FY24: -\$36,662	7/1/2007	No prior increase or decrease	Yes	Eliminate fee
Licensure and Certification	Nursing Homes	Initial Fee - 0-50 Beds	§ 32.1-130; 12VAC5-371-40	No	\$75	FY22: \$62,407.00 FY23: \$39,441.00 FY24: \$54,879.00	7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 0-50 Beds		No	\$75		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 51-333 Beds		No	\$1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 51-333 Beds		No	\$1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
		Renewal Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
	Hospitals	Initial Fee - 0-50 Beds	§ 32.1-130; 12VAC5-410-80	No	\$75	FY22: \$24,968.00 FY23: \$26,209.50 FY24: \$23,968.00	7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 0-50 Beds		No	\$75		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 51-333 Beds		No	\$1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 51-333 Beds		No	\$1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
		Renewal Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
		Hospitals not providing overnight care		No	\$75	FY22: \$5,475.00 FY23: \$6,600.00 FY24: \$6,288.00	7/1/1979	No prior increase or decrease	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date		Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Radiological Health	X-ray - Inspections	Private Inspector Application/Registration Fee	§ 32.1-229.1; 12VAC5-490-20	No	\$150	FY22: \$301,245.00 FY23: \$241,505.00 FY24: \$296,285.00	7/1/2016	No prior increase or decrease		No	25% increase
Vital Records	Vital Statistics	Issuance Fee	2024 Acts of Assembly, SS 1, Chapter 2 - Item 274; § 32.1-273; 12VAC5-550-520	No	\$12	FY22: \$11,311,260.70 FY23: \$11,642,962.97 FY24: \$10,750,586.79	7/1/2004	\$10		No	\$15
		Expedited Search Fee	2024 Acts of Assembly, SS 1, Chapter 2 - Item 274	No	\$48		7/1/2004	\$42		Yes	\$53

APPENDIX G – FEES WITH INDETERMINATE RECOMMENDATIONS

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Community Health Services/ Environmental Health Services	Food Safety	Restaurant Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-14; 12VAC5-421-3710	Yes - may not exceed \$40	\$40	FY22: \$81,624.68 FY23: \$86,770.00 FY24: \$90,037.00	7/1/2011	\$95	No	Indeterminate
		Restaurant Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-14; 12VAC5-421-3720	Yes - may not exceed \$40	\$40	FY22: \$977,582.60 FY23: \$943,383.88 FY24: \$922,581.44	7/1/2011	\$285	No	Indeterminate
		Temporary Food Establishment Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(D) § 35.1-14; 12VAC5-421-3720	Yes - may not exceed \$40	\$40	FY22: \$70,612.77 FY23: \$84,213.00 FY24: \$80,220.00	7/1/2011	\$285	No	Indeterminate
	Tourist Establishments	Hotel Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-13; 12VAC5-431	Yes - may not exceed \$40	\$40	FY22: \$2,480.00 FY23: \$2,600.00 FY24: \$3,800.00	7/1/2011	\$95	No	Indeterminate
		Hotel Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-13; 12VAC5-431	Yes - may not exceed \$40	\$40	FY22: \$69,025.00 FY23: \$65,481.64 FY24: \$64,704.92	7/1/2011	\$285	No	Indeterminate
		Campground Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-17; 12VAC5-450	Yes - may not exceed \$40	\$40	FY22: \$1,400.00 FY23: \$1,664.40 FY24:\$1,360.00	7/1/2011	\$95	No	Indeterminate
		Campground Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-17; 12VAC5-450	Yes - may not exceed \$40	\$40	FY22: \$17,564.00 FY23: \$17,640.00 FY24: \$18,214.00	7/1/2011	\$285	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Community Health Services/ Environmental Health Services	Tourist Establishments	Summer Camp Plan & Specification Review Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-16; 12VAC5-440	Yes - may not exceed \$40	\$40	FY22: \$340.00 FY23: \$80.00 FY24: \$450.00	7/1/2011	\$95	No	Indeterminate
		Summer Camp Permit Fee	2024 Acts of Assembly, SS 1, Chapter 2 Item 278(C); § 35.1-16; 12VAC5-440	Yes - may not exceed \$40	\$40	FY22: \$3,760.00 FY23: \$3,240.00 FY24: \$3,200.00	7/1/2011	\$285	No	Indeterminate
	Water and Wastewater Services	Construction Permit - On-site Sewage System < 1000 GPD/ Alternative Discharge Systems, no OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(1)§32.1-164;12VAC5-620	Yes - may not exceed \$425	\$425	FY22: \$162,321.40 FY23: \$134,742.87 FY24: \$160,339.00	7/1/2009	\$280	No	Indeterminate
		Certification Letter < 1000 GPD, no OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(2) § 32.1-164; 12VAC5-620	Yes - may not exceed \$350	\$350	FY22: \$1,810.00 FY23: \$855.00 FY24: \$565.00	7/1/2009	\$225	No	Indeterminate
		Construction Permit - On-site Sewage System < 1,000 GPD with OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(3) § 32.1-164; 12VAC5-620	Yes - may not exceed \$225	\$225	FY22: \$1,063,118.00 FY23: \$1,055,095.00 FY24: \$970,612.00	7/1/2009	\$125	No	Indeterminate
		Certification Letter - On-site Sewage System < 1,000 GPD, no OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(4) § 32.1-164; 12VAC5-620	Yes - may not exceed \$320	\$320	FY22: \$215,535.00 FY23: \$188,940.00 FY24: \$193.220.00	7/1/2009	\$125	No	Indeterminate
		Certification Letter - On-site Sewage System > 1,000 GPD	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(6) § 32.1-164; 12VAC5-620	Yes - may not exceed \$1,400	\$1,400		7/1/2009	\$1,000	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Community Health Services/ Environmental Health Services	Water and Wastewater Services	Construction Permit - On-site Sewage System > 1,000 GPD	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(6)§ 32.1-164;12VAC5-620	Yes - may not exceed \$1,400	\$1,400	FY22: \$8,330.00 FY23: \$11,800.00 FY24: \$4,130.00	7/1/2009	\$1,000	No	Indeterminate
		Repair Permit - Treatment Works < 1,000 GPD without OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(7) § 32.1-164; 12VAC5-620	No	\$425	FY22: \$27,895.00 FY23: \$12,900.00 FY24: \$13,120.00	7/1/2019	No prior increase or decrease	No	Indeterminate
		Repair or Voluntary Upgrade Permit - Treatment Works < 1,000 GPD with OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(8) § 32.1-164; 12VAC5-620	No	\$225	FY22: \$435,660.00 FY23: \$412,875.93 FY24: \$448,550.00	7/1/2019	No prior increase or decrease	No	Indeterminate
		Safe, adequate, and proper evaluation without OSE/PE/Installer/Operator documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(9) § 32.1-164; 12VAC5-620	No	\$150	FY22: \$174,682.80 FY23: \$172,00.00 FY24: \$165,265.00	7/1/2019	No prior increase or decrease	No	Indeterminate
		Safe, adequate, and proper evaluation with OSE/PE/Installer/Operator documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(10) § 32.1-164; 12VAC5-620	No	\$100	FY22: \$71,635.00 FY23: \$73,729.80 FY24: \$84,542.80	7/1/2019	No prior increase or decrease	No	Indeterminate
		Repair or Voluntary Upgrade Permit - Treatment Works, > 1,000 GPD with OSE/PE documentation	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(11) § 32.1-164; 12VAC5-620	No	\$1,400	FY22: \$22,525.00 FY23: \$15,580.00 FY24: \$18,660.00	7/1/2019	No prior increase or decrease	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Licensure and Certification	Hospice	Initial Fee	§ 32.1-162.9; 12VAC5-381-70	Yes	\$500	FY22: \$48,875.00 FY23: \$46,725.00 FY24: \$52,101.00	11/1/2005	No prior increase or decrease	No	Indeterminate
		Renewal Fee		Yes	\$500		11/1/2005	No prior increase or decrease	No	Indeterminate
		Reissuance/Replacement Fee		Yes	\$250		11/1/2005	No prior increase or decrease	No	Indeterminate
		Late Renewal Fee		Yes	\$50		11/1/2005	No prior increase or decrease	No	Indeterminate
	Nursing Homes	Initial Fee - 0-50 Beds	§ 32.1-130; 12VAC5-371-40	No	\$75	FY22: \$62,407.00 FY23: \$39,441.00 FY24: \$54,879.00	7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 0-50 Beds		No	\$75		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 51-333 Beds		No	\$1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 51-333 Beds		No	\$1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
		Renewal Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Licensure and Certification	Hospitals	Initial Fee - 0-50 Beds	§ 32.1-130; 12VAC5-410-80	No	\$75	FY22: \$24,968.00 FY23: \$26,209.50 FY24: \$23,968.00	7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 0-50 Beds		No	\$75		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 51-333 Beds		No	\$1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Annual renewal Fee - 51-333 Beds		No	\$1.50/bed		7/1/1979	No prior increase or decrease	No	Indeterminate
		Initial Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
		Renewal Fee - 334+ Beds		No	\$500		7/1/1979	No prior increase or decrease	No	Indeterminate
		Hospitals not providing overnight care		No	\$75	FY22: \$5,475.00 FY23: \$6,600.00 FY24: \$6,288.00	7/1/1979	No prior increase or decrease	No	Indeterminate

APPENDIX H – FEES WITH NO RECOMMENDED ADJUSTMENTS

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Chief Medical Examiner	State Anatomical Program	Traditional Embalmed	§ 32.1-299(C)	Yes	\$4,000	FY22: \$739,664.26 FY23: \$634,650.00 FY24: \$770,455.97	8/31/2024	\$2,300	Yes	None
		Soft-Cure Embalmed		Yes	\$5,000		8/31/2024	\$3,500	Yes	None
		Flush Embalmed		Yes	\$3,000		8/31/2024	\$2,300	Yes	None
		Unembalmed		Yes	\$2,800		8/31/2024	\$2,300	Yes	None
	Medical Examination Services	Cremation Examination Fee	§ 32.1-309.3	Yes	\$100	FY22: \$216,500.00 FY23: \$41,400.00 FY24: \$33,150.00	11/1/2021	\$50	Yes	None
Community Health Services	Clinical Services	Medical Care Service Fees	§ 32.1-11	Yes	Fee dependent on service provided	FY22: \$7,048,968.06 FY23: \$8,97,436.37 FY24: \$9,814,931.54	7/1/2024	Fee dependent on service provided	Indeterminate	None
Community Health Services/ Environmental Health Services	Water and Wastewater Services	Construction Permit - Private Well	2024 Acts of Assembly, SS 1, Chapter 2 - Item 278 (A)(5) § 32.1-164; 12VAC5-620	Yes - may not exceed \$300	\$300	FY22: \$1,843,950.00 FY23: \$1,720,903.62 FY24: \$1,587.971.00	7/1/2009	\$165	Yes	None

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Environmental Health Services	Bedding & Upholstered Furniture	Manufacturer of Bedding License Fee	§ 32.1-218; 12VAC5-125-180	Yes	\$100	TOTAL PROGRAM FY22: \$706,935.00 FY23: \$625,300.00 FY24: \$628,000.000	9/1/2007	No prior increase or decrease	Yes	None
		Manufacturer of Upholstered Furniture License Fee		Yes	\$100		9/1/2007	No prior increase or decrease	Yes	None
		Renovator License Fee		Yes	\$25		9/1/2007	No prior increase or decrease	Yes	None
		Reupholsterer License Fee		Yes	\$25		9/1/2007	No prior increase or decrease	Yes	None
		Supply Dealer License Fee		Yes	\$25		9/1/2007	No prior increase or decrease	Yes	None
		Sanitizer License Fee		Yes	\$60		9/1/2007	No prior increase or decrease	Yes	None
Family Health Services	Dental Health Services	Sealant Fee	§ 32.1-11	Yes	\$41.96/tooth	FY22: \$37,619.75 FY23: \$209,577.79 FY24: \$436,999.90	7/1/2023	32.28/tooth	No	None
		Varnish Fee		Yes	\$27		7/1/2023	\$21	No	None
		Child Dental Prophylaxis Fee		Yes	\$44		7/1/2023	\$34	No	None
		Adult Dental Prophylaxis Fee		Yes	\$61		7/1/2023	\$47	No	None

Office	Program Area	Fee	Legal Authority	Discretion to Change?	Fee Amount	3 Year Revenue	Last Increase or Decrease Date	Fee Before Last Increase or Decrease	Does This Fee Cover Costs Sufficiently?	Recommended Fee Change
Licensure and Certification	Home Care Organizations	Late Renewal Fee	§ 32.1-162.9; 12VAC5-381-70	Yes	\$50	TOTAL PROGRAM FY22: \$672,875.00 FY23: \$1,087,250.00 FY24: \$1,386,486.00	1/1/2006	No prior increase or decrease	No	None
		Renewal Fee	2022 Acts of Assembly, SS 1, Chapter 172(2) § 32.1-162.9; 12VAC5-381-70	Yes	\$1,500		7/1/2022	\$500	No	None
	Managed Care Health Insurance Plan Licensure	Initial Fee	§ 32.1-137.2; 12VAC5-408-40	Yes	\$5,000	TOTAL PROGRAM FY22: \$351,399.22 FY23: \$198,081.63 FY24: \$375.094.81	1/20/2000	No prior increase or decrease	Yes	None
		Renewal Fee		Yes - may not exceed \$10,000 maximum	Not to exceed 1/10 of 1.0% of the proportion of direct gross premium income on business done in the Commonwealth not to exceed 10,000		1/20/2000	No prior increase or decrease	Yes	None
	Private Review Agents	Initial Fee	§ 32.1-138.15; 12VAC5-405-60	Yes	\$500	FY22: \$25,500.00 FY23: \$26,500.00 FY24: \$20,500:00	7/21/1999	No prior increase or decrease	Yes	None
		Annual Renewal Fee		Yes	\$500		7/21/1999	No prior increase or decrease	Yes	None

APPENDIX I – VDH MEDICAL SERVICES FEES

CODE	MEDICAL SERVICE NAME	PRICE
10021	ASPIRATION - FINE NEEDLE W/O IMAGE GUIDANCE; FIRST LESION	86.39
10060	INCISION/DRAINAGE OF ABSCESS	108.84
11200	REMOVAL OF SKIN TAGS;ANY AREA	79.28
11201	REMOVAL OF SKIN TAGS - EACH ADD'L 10 LESIONS (USE WITH 11200)	15.63
11423	EXCISION OF BENIGN LESION INCL MARGINS (EXCEPT SKIN TAG)EXCISED DIAMETER 2.1-3.0 CM	175.44
11900	INJECTION - INTRALESIONAL UP TO 7 (RIG)	49.16
11901	INJECTION - INTRALESIONAL MORE THAN 7 (RIG)	59.96
11976	REMOVAL OF IMPLANTABLE CONTRACEPTIVE CAPSULES(IMPLANON)	124.18
11981	INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	86.11
11982	REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	94.91
11983	REMOVAL WITH REINSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	121.34
17000	CRYO OF SINGLE LESION	57.97
17003	CRYO OF 2-14 LESIONS (PER LESION)	5.68
17110	DESTRUCTION OF FLAT WARTS - UP TO 14 LESIONS	97.47
17111	DESTRUCTION OF FLAT WARTS -15 OR MORE LESIONS	113.95
36410	VENIPUNCTURE-MD SKILL LEVEL	15.06
36415	VENIPUNCTURE-ROUTINE	2.51
36416	COLLECTION OF CAPILLARY BLOOD SAMPLE	1.01
46900	DESTRUCTION OF LESION(S)ANUS (EG CONDYLOMA- PAPILLOMA- MOLLUS) SIMPLE;CHEMICAL	206.03
46916	DESTRUCTION OF LESION(S)ANUS - CONDYLOMA; PAPILLOMA; MOLLUSCUM;HERPETIC VESI; SIMPLE CRYOSURGERY	223.36
46924	DESTRUCTION OF LESION(S)ANUS - CONDYLOMA; PAPILLOMA; MOLLUSCUM; HERPETIC VESI; EXTENSIV;CHEM OR CRYO	474.57
54050	DESTRUCTION OF LESION(S)PENIS - CONDYLOMA; PAPILLOMA; MOLLUSCUM; HERPETIC VESICLE; SIMPLE CHEMICAL	124.18
54056	DESTRUCTION OF LESION(S)PENIS - CONDYLOMA; PAPILLOMA; MOLLUSCUM; HERPETIC VESI; SIMPLE CRYOSURGERY	124.47
54065	DESTRUCTION OF LESION(S)PENIS - CONDYLOMA; PAPILLOMA; MOLLUSCUM; HERPETIC VESI; EXTENSIVE;CHEM-CRYO	190.97
54100	BIOPSY OF PENIS(SEPARATE PROCEDURE)	173.35
56420	INCISION;BARTHOLIN'S GLAND ABSCESS	180.17

CODE	MEDICAL SERVICE NAME	PRICE
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	175.69
56501	DESTRUCTION OF VULVAR LESION(S; SIMPLE - LASER SURG;ELECTROSURG; CRYOSURG;CHEMOSURG	186.26
56515	DESTRUCTION OF VULVAR LESION(S; EXTENSIVE - LASER SURG;ELECTROSURG; CRYOSURG;CHEMOSURG	268.5
56605	BIOPSY OF VULVA OR PERINEUM(SEPARATE PROCEDURE);ONE LESION	93.13
56606	BIOPSY OF VULVA OR PERINEUM;EACH SEPARATE ADDT'L LESION(LIST SEPARATELY IN ADDITION TO PRIMARY PROC)	36.48
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	162.57
57061	DESTRUCTION OF VAGINAL LESION(S; SIMPLE - LASER SURG;ELECTROSURG; CRYOSURG;CHEMOSURG	162.25
57065	DESTRUCTION OF VAGINAL LESION(S; EXTENSIVE - LASER SURG;ELECTROSURG; CRYOSURG;CHEMOSURG	239.06
57160	FITTING & INSERTION OF PESSARY	71.69
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	74.89
57420	COLPOSCOPY OF THE ENTIRE VAGINA;WITH CERVIX IF PRESENT	128.65
57421	COLPOSCOPY OF ENTIRE VAGINA- WITH CERVIX IF PRESENT;WITH BIOPSY(S) OF VAGINA/CERVIX	172.17
57452	COLPOSCOPY OF THE CERVIX INCL UPPER/ADJACENT VAGINA	122.57
57454	COLPOSCOPY OF THE CERVIX WITH BIOPSY(S)OF THE CERVIX AND ECC	163.21
57455	COLPOSCOPY OF THE CERVIX INCL UPPER/ADJACENT VAGINA WITH BIOPSY(S) OF THE CERVIX	156.49
57456	COLPOSCOPY OF CERVIX WITH ENDOCERVICAL CURETTAGE	147.53
57460	COLPOSCOPY OF THE CERVIX WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	302.42
57500	BIOPSY; LESION/SIMPLE/MULTIPLE	148.17
57505	ENDOCERVICAL CURETTAGE	150.09
57511	CAUTERIZATION OF CERVIX - CRYO	193.3
57520	CONIZATION OF CERVIX-W/WOUT FULGURATION; W/WOUT D&C; W/WOUT REPAIR COLD KNIFE OR LASER	343.07
57522	CONIZATION OF CERVIX-LOOP ELECTRODE EXCISION	294.1
57800	DILATION OF CERVICAL CANAL; INSTRUMENTAL-SEPARATE PROCEDURE	75.21
58100	ENDOMETRIAL BIOPSY	97.93
58110	ENDOMETRIAL SAMPLING PEFORMED IN CONJ WITH COLPOSCOPY	48.32
58300	IUD INSERTION	105.93
58301	IUD REMOVAL	106.57

CODE	MEDICAL SERVICE NAME	PRICE
59425	MATERNITY-4 TO 6 PREN VISITS	544.04
59426	MATERNITY-7 OR > PREN VISITS	995.28
59430	POSTPARTUM ONLY	255.7
71045	RADIOLOGIC EXAM CHEST; SINGLE VIEW	21.88
71046	RADIOLOGIC EXAM CHEST; 2 VIEWS	28.7
71047	RADIOLOGIC EXAM CHEST; THREE VIEWS	36.09
71048	RADIOLOGIC EXAM CHEST; 4 OR MORE VIEWS	38.93
76805	ULTRASOUND; PREGNANT UTERUS; REAL TIME WITH IMAGE DOCUMENTATION	130.25
76813	ULTRASOUND OF PREGNANT UTERUS;REAL TIME W/IMAGE DOCUMENTATION SINGLE OR FIRST GESTATION	109.68
76814	ULTRASOUND OF PREGNANT UTERUS;REAL TIME W/IMAGE DOCUMENTATION EACH ADDT'L GESTATION	72.88
76815	ULTRASOUND OF PREGNANT UTERUS;REAL TIME W/IMAGE DOCUMENTATION;LIMITED; 1 OR MORE FETUSES	77.77
76817	ULTRASOUND;PREGNANT UTERUS;REAL TIME WITH IMAGE DOCUMENTATION-TRANSVAGINAL	88.97
76818	FETAL BIOPHYSICAL PROFILE;WITH NON-STRESS TESTING	113.93
76819	FETAL BIOPHYSICAL PROFILE WITHOUT NON-STRESS TESTING	82.25
76830	ULTRASOUND;TRANSVAGINAL	114.57
76856	ULTRASOUND;PELVIC (NON-OBSTETRIC)REAL TIME WITH IMAGE DOCUMENTATION;COMPLETE	101.13
76857	ULTRASOUND;PELVIC (NON-OBSTETRIC) LIMITED OR FOLLOW UP	47.36
76981	ULTRASOUND ELASTOGRAPHY OF PARENCHYMA (EG FIBROSCAN)	88.81
90281	IMMUNE GLOBULIN-IM - PER 0.1ML (CHARGE DOSE + DISCARDED)	5.16
90283	IMMUNE GLOBULIN-IV	0
90291	CMV IMMUNE GLOBULIN	0
90375	RABIES IMMUNE GLOBULIN-0.1ML (CHARGE DOSE + DISCARDED)	69.34
90376	RABIES IMMUNE GLOBULIN-HEAT TREATED(IMOGAM) 0.1ML (CHARGE DOSE + DISCARDED)	47.05
90380	RSV MONOCLONAL ANTIBODY VACCINE; SEASONAL DOSE; 0.5ML IM	503.2
90381	RSV MONOCLONAL ANTIBODY VACCINE; SEASONAL DOSE; 1 ML DOSE; IM	503.2
90384	RHO(D) IMMUNE GLOBULIN - HUMAN FULL DOSE;IM	78.41
90471	IMMUNIZATION ADMIN(INCL PERCU ID SQ IM) 1 VACCINE	20.33
90472	IMMUNIZATION ADMIN-EACH ADDT'L VACCINE (USE WITH 90471)	14.57

CODE	MEDICAL SERVICE NAME	PRICE
90473	IMMUNIZATION ADMIN-INTRANASAL OR ORAL;1 VACCINE	16.4
90474	IMMUNIZATION ADMIN-INTRANASAL OR ORAL; EACH ADDT'L VACCINE	11.81
90480	COVID-19 VACCINE ADMINISTRATION;IM SINGLE DOSE	40
90589	CHIKUNGUNYA VIRUS VACCINE; LIVE ATTENUATED; IM	299.48
90611	SMALLPOX AND MPOX VACCINE;ATTENUATED VACCINIA VIRUS LIVE PF	0
90619	MENINGOCOCCAL CONJ VACCINE (ACWY-TT); IM	151
90620	MENINGOCOCCAL RECOMB PROTEIN & OMV VACCINE; SEROGROUP B; 2 DOSE SCHEDULE IM	194.5
90621	MENINGOCOCCAL RECOMB LIOPROTEIN VACCINE;SEROGROUP B; 3 DOSE SCHEDULE IM	166.4
90623	MENINGOCOCCAL PENTAVALENT VACCINE; CONJ MEN A C W Y & MEN B IM	239.84
90625	CHOLERA VACCINE LIVE; ADULT DOSAGE 1 DOSE SCHEDULE ORAL	246.91
90626	TICK-BORNE ENCEPHALITIS VACCINE; INACT. PF 0.25ML	292.13
90627	TICK-BORNE ENCEPHALITIS VACCINE; INACT. PF 0.5ML	292.13
90632	HEPATITIS A VACCINE - ADULT	71.65
90633	HEPATITIS A VACCINE - PED/ADOL-2 DOSE	31.96
90636	HEP A AND HEP B COMBINATION VACCINE	109.6
90647	HIB PEDVAX VACCINE (PRP-OMP) - PEDVAX - MERCK	30.05
90648	HIB VACCINE -PRP-T (ACTHIB OR HIBERIX)	12.76
90651	HPV9;NONOVALENT VACCINE;3 DOSE SCHEDULE (GARDASIL 9)	279.5
90670	PNEUMOCOCCAL CONJUGATE VACCINE; 13-VALENT (PCV13) IM	218.11
90671	PNEUMOCOCCAL CONJUGATE VACCINE; 15-VALENT (PCV15) IM	223.91
90675	RABIES VACCINE - IM	364.93
90677	PNEUMOCOCCAL CONJUGATE VACCINE; 20-VALENT (PCV20) IM	270.08
90678	RESPIRATORY SYNCYTIAL VIRUS VACCINE(RSV); PREF;SUBUNIT;BIVALENT;0.5ML IM	302.94
90679	RESPIRATORY SYNCYTIAL VIRUS VACCINE(RSV); PREF; RECOMBINANT; SUBUNIT; ADJUVNATED; 0.5ML IM	290.44
90680	ROTAVIRUS VACCINE	0
90681	ROTARIX (ROTAVIRUS VACCINE)	0
90690	TYPHOID VACCINE; LIVE-ORAL	88.36
90691	TYPHOID VACCINE-VI	126.78
90696	DTAP/IPV VACCINE (KINRIX QUADRACEL)	0

CODE	MEDICAL SERVICE NAME	PRICE
90697	DTAP-IPV-HIB-HEPB VACCINE	0
90698	PENTACEL VACCINE(DTAP/HIB/IPV)	0
90700	DTAP VACCINE	0
90707	MEASLES MUMPS RUBELLA VACCINE	93.56
90709	RUBELLA AND MUMPS VACCINE	0
90710	MEASLES MUMPS RUBELLA & VARICELLA VACCINE FOR 12 MO-12 YRS (MMRV)	0
90713	POLIO VACCINE- INJECTABLE	40.17
90714	TD - ADULT VACCINE -PRESERVATIVE FREE	35.89
90715	TDAP (TETANUS DIPHTHERIA ACELLULAR PERTUSSIS-ADOLESCENT)VACCINE	46.25
90716	VARICELLA VACCINE	166.37
90717	YELLOW FEVER VACCINE	197.47
90723	DTAP/HEPB-PED/IPV VACCINE	0
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE	121.82
90734	MENINGOCOCCAL CONJUGATE VACCINE	116.16
90738	JAPANESE ENCEPHALITIS VIRUS VACCINE; INACTIVATED-FOR INTRAMUSCULAR USE (IXIARO)	313.19
90739	HEPATITIS B VACCINE ADULT; 2-DOSE; IM	111.91
90740	HEPATITIS B VACCINE-DIALYSIS OR IMMUNOSUPPRESSED; 3 DOSE SCHEDULE	107.91
90744	HEPATITIS B PED/ADOLESCENT VACCINE	19.16
90746	HEPATITIS B ADULT VACCINE-3 DOSE SCHEDULE	49.74
90747	HEPATITIS B VACCINE-DIALYSIS OR IMMUNOSUPPRESSED; 4 DOSE SCHEDULE	94.82
90748	HIBHEPB COMBINATION VACCINE	0
90750	ZOSTER VACCINE RECOMBINANT SUB-UNIT ADJUVANTED IM	206.36
90759	HEPATITIS B VACCINE; 3-ANTIGEN(S- PRE-S1- PRE-S2) 10MCG DOSE; 3 DOSE SCHEDULE; IM	46.2
90785	INTERACTIVE COMPLEXITY (ADD ON CODE FOR CDC USE)	16.13
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION(NO MEDICAL SERVICES)	189.56
90885	PSYCH. EVAL OF HOSP. REC. PSYCH RPT. OR OTHER PROJECT.TESTS/ACCUM DATA FOR MED. DIAG. PURPOSES	49.17
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC- OTHER MEDICAL EXAM	84.05
91200	LIVER ELASTOGRAPHY MECHANICALLY INDUCED SHEAR WAVE W/O IMAGING; WITH INTERP & REPORT (EG FIBROSCAN)	26.65
91304	COVID-19 VACCINE RECOMB SPIKE PROTEIN SAPONIN ADJV; PR FREE; 5 MCG/0.5 ML DOSE; IM	111.45
91319	COVID-19 VACCINE;10 MCG/0.3 ML DOSAGE TRIS-SUCROSE FORMULATION IM	83.01
91320	COVID-19 VACCINE 30 MCG/0.3 ML DOSAGE TRIS-SUCROSE FORMULATION IM	123.98

CODE	MEDICAL SERVICE NAME	PRICE
91321	COVID-19 VACCINE 25 MCG/0.25 ML DOSAGE IM	119.19
91322	COVID-19 VACCINE 50 MCG/0.5 ML DOSE IM	120.58
92081	VISION ASSESSMENT	28.42
92506	EVAL OF SPEECH;LANG;VOICE;COMMUNICATION	184.11
92507	TREATMENT OF SPEECH DISORDERS-SPEECH LANGUAGE PATHOLOGY - INDIVIDUAL	81.45
92521	EVALUATION OF SPEECH FLUENCY	141.92
92522	EVALUATION OF SPEECH SOUND PRODUCTION	94.91
92523	EVALUATION OF SPEECH SOUND PRODUCTION W/EVAL OF LANGUAGE COMPREHENSION AND EXPRESSION	194.38
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF SOUND AND RESONANCE	117.02
92526	SPEECH LANGUAGE PATHOLOGY-SWALLOWING OR ORAL DISFUNCTION FOR FEEDING	72.18
92551	HEARING SCREENING	10.8
92552	PURE TONE AUDIOMETRY(THRESHOLD)AIR ONLY	32.4
92553	PURE TONE AUDIOMETRY(THRESHOLD) AIR AND BONE	39.22
92555	SPEECH AUDIOMETRY; THRESHOLD	24.72
92556	SPEECH AUDIOMETRY; THRESHOLD	38.36
92557	BASIC COMPREHENSIVE AUDIOMETRY	30.98
92567	TYMPANOMETRY	13.92
92568	ACOUSTIC REFLEX TESTING	12.79
92582	CONDITIONING PLAY AUDIOMETRY	73.89
92583	SELECT PICTURE AUDIOMETRY	48.59
92587	EVOLED OTOACOUSTIC EMISSIONS	18.19
92588	EVOLED OTOACOUSTIC EMISSIONS	28.13
94640	NEBULIZER TREATMENT	6.82
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR- ETC.	15.35
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH	81.84
96110	DEVELOPMENTAL SCREENING-WITH INTERPRETATION & REPORT- PER STANDARDIZED INSTRUMENT FORM	9.95
96112	DEVELOPMENTAL TEST ADMIN BY PHYSICIAN OR OTHER QUALIFIED HCP; W/INTERP & RPT- FIRST HOUR	136.4
96113	DEVELOPMENTAL TEST ADMIN BY PHYSICIAN OR OTHER QUALIFIED HCP; W/INTERP & RPT- EACH ADDT'L 30 MIN.	66
96116	NEUROBEHAVIORAL STATUS EXAM BY MD OR QUAL HCP;FTF TIME W/PAT+TIME INTERPRET RESULTS+PREP RPT; 1ST HR	101.2
96118	NEUROPSYCH TESTING BY PSYCH/PHYS	80.18
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESS WITH SCORING AND DOCUMENTATION- PER STANDARDIZED INSTRUMENT	5.13
96130	PSYCHOLOGICAL TESTING EVAL SVCS BY MD OR OTHER QHCP; FIRST HR	132
96131	PSYCHOLOGICAL TESTING EVAL SVCS BY MD OR OTHER QHCP; EACH ADDT'L HR	94.23

CODE	MEDICAL SERVICE NAME	PRICE
96132	NEUROPSYCHOLOGICAL TESTING EVAL SVCS BY MD OR OTHER QHCP; FIRST HR	141.16
96133	NEUROPSYCHOLOGICAL TESTING EVAL SVCS BY MD OR OTHER QHCP; EACH ADDT'L HOUR	107.07
96136	PSYCH OR NEURO TEST ADMIN & SCORING BY MD OR OTHER QUAL HCP; 2 OR MORE TESTS ANY METHOD;FIRST 30 MIN	45.83
96137	PSYCH OR NEURO TEST ADMIN & SCORING BY MD OR OTHER QUAL HCP; 2+ TESTS ANY METHOD;EA ADDTL 30 MIN	41.43
96138	PSYCHOLOGICAL OR NEUROPSYCH. TEST ADMIN&SCORING BY TECHNICIAN; 2 OR MORE TESTS;FIRST 30 MINUTES	37.77
96139	PSYCHOLOGICAL OR NEUROPSYCH. TEST ADMIN&SCORING BY TECHNICIAN; 2 OR MORE TESTS;EA. ADDT'L 30 MINUTES	38.87
96146	PSYCH. OR NEUROPSYCH. TEST ADMIN W/SINGLE AUTO STNDRD INSTRMT VIA ELECT. PLATFORM- W/AUTO RESLT ONLY	2.57
96160	ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT WITH SCORING & DOCUMENTATION	2.56
96161	ADMIN OF CAREGIVER-FOCUSED HEALTH RISK ASSESS INSTRUMENT FOR THE BENEFIT OF PATIENT W/SCORING & DOC.	2.56
96372	THERAPEUTIC;PROPHYLACTIC;OR DIAGNOSTIC INJECTION-SUBQ OR IM	12.22
96380	ADMINISTRATION OF RSV MONOCLONAL ANTIBDY W/MD/NP/PA COUNSEL-IM -RPT W/ CPT 90380 OR 90381	19.32
96381	ADMINISTRATION OF RSV MONOCLONAL ANTIBODY;IM SEASONAL DOSE-REPORT WITH CPT 90380 OR 90381	16.77
97110	THERAPEUTIC PROCEDURES TO DEVEL.STRENGTH ROM FLEXIBILITY- EA 15MI	42.19
97530	THERAPEUTIC ACTIVITIES-OCC. THERAPY(1 ON 1)	42.19
97802	MEDICAL NUTRITION THERAPY;INITIAL ASSESS & INTERVENTION INDIV.FACE TO FACE W/PATIENT;EACH 15 MIN	30.98
97803	MEDICAL NUTRITION THERAPY;REASSESS & INTERVENTION INDIV.FACE TO FACE W/PATIENT;EACH 15 MIN	27
98966	TELEPHONE ASSESS & MGMT BY RN TO EST PAT NOT RELATED TO PRIOR OR SUBSEQ VISIT 5-10 MIN	12.85
98967	TELEPHONE ASSESS & MGMT BY RN TO EST PAT NOT RELATED TO PRIOR OR SUBSEQ VISIT 11-20 MIN	23.73
98968	TELEPHONE ASSESS & MGMT BY RN TO EST PAT NOT RELATED TO PRIOR OR SUBSEQ VISIT 21-30 MIN	32.72
99000	SPECIMEN HANDLING TO LAB	3.68
99001	SPECIMAN HANDLING NOT FROM OFFICE	3.68
99173	SCREENING TEST FOR VISUAL ACUITY - QUANTITATIVE - BILATERAL	2.47
99188	APPLICATION OF TOPICAL FLUORIDE VARNISH BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	21.66
99202	OFFICE VISIT FOR EVAL&MGMT OF NEW PT-REQUIRES MED APPROP. HX AND/OR EXAM & STRAIGHTFORWARD MDM	53.14
99203	OFFICE VISIT FOR EVAL&MGMT OF NEW PT-REQUIRES MED APPROP. HX AND/OR EXAM & LOW LEVEL MDM	82.04

CODE	MEDICAL SERVICE NAME	PRICE
99204	OFFICE VISIT FOR EVAL&MGMT OF NEW PT-REQUIRES MED APPROP. HX AND/OR EXAM & MODERATE LEVEL MDM	122.94
99211	OFFICE VISIT FOR EVAL & MGMT OF EST PT THAT MAY NOT REQUIRE MD OR OTHER QHP-PROBLEM MINIMAL	17.14
99212	OFFICE VISIT FOR EVAL&MGMT OF EST PT-REQUIRES MED APPROP. HX AND/OR EXAM & STRAIGHTFORWARD MDM	41.63
99213	OFFICE VISIT FOR EVAL&MGMT OF EST PT-REQUIRES MED APPROP. HX AND/OR EXAM & LOW LEVEL MDM	66.86
99214	OFFICE VISIT FOR EVAL&MGMT OF EST PT-REQUIRES MED APPROP. HX AND/OR EXAM & MODERATE LEVEL MDM	94.29
99366	TEAM CONF W/PAT BY HC PRO; 30 MINUTES OR MORE	29.7
99367	TEAM CONF W/O PAT BY PHYS 30 MINUTES OR MORE; <21 YO	38.95
99368	TEAM CONF W/O PAT BY HC PRO 30 MINUTES OR MORE; <21 YO	25.32
99381	PREVENTIVE MED NEW PATIENT - UNDER AGE 1	80.88
99382	PREVENTIVE MED NEW PATIENT - AGE 1 THRU AGE 4	84.59
99383	PREVENTIVE MED NEW PATIENT - AGE 5 THRU AGE 11	87.8
99384	PREVENTIVE MED NEW PATIENT - AGE 12 THRU AGE 17	98.44
99385	PREVENTIVE MED NEW PATIENT - AGE 18 THRU AGE 39	94.77
99386	PREVENTIVE MED NEW PATIENT - AGE 40 THRU AGE 64	109.22
99387	PREVENTIVE MED NEW PATIENT - AGE 65 AND OLDER	118.53
99391	PREVENTIVE MED ESTABLISHED PAT - UNDER 1 YEAR	72.71
99392	PREVENTIVE MED ESTABLISHED PAT - AGE 1-4 YRS	77.41
99393	PREVENTIVE MED ESTABLISHED PAT - AGE 5-11 YRS	77.17
99394	PREVENTIVE MED ESTABLISHED PAT - AGE 12-17 YRS	84.34
99395	PREVENTIVE MED ESTABLISHED PAT - AGE 18-39 YRS	85.47
99396	PREVENTIVE MED ESTABLISHED PAT - AGE 40-64 YRS	90.86
99397	PREVENTIVE MED ESTABLISHED PAT - AGE 65 AND OLDER	130.98
99401	PREVENTIVE MED COUNSELING AND/OR RISK FACTOR REDUCTION APPROX 15 MIN	37.73
99402	PREVENTIVE MED COUNSELING AND/OR RISK FACTOR REDUCTION APPROX 30 MIN	61.38
99403	PREVENTIVE MED COUNSELING AND/OR RISK FACTOR REDUCTION APPROX 45 MIN	84.37
99404	PREVENTIVE MED COUNSELING AND/OR RISK FACTOR REDUCTION APPROX 60 MIN	107.69
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT; >3 MIN UP TO 10 MIN	10.78
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE; >10 MIN	20.08
99408	ALCOHOL AND/OR SUBST ABUSE STRUCTURED SCREEN (AUDIT- DAST)AND BRIEF INTERVENTION 15-30 MIN	37.4
99409	ALCOHOL AND/OR SUBST ABUSE STRUCTURED SCREEN (AUDIT- DAST)AND BRIEF INTERVENTION GREATER THAN 30 MIN	72.23
99411	PREVENTIVE MED COUNSELING AND/OR RISK FACTOR REDUCTION PROV TO INDIVIDUALS IN A GROUP SETTING;30 MIN	13.88

CODE	MEDICAL SERVICE NAME	PRICE
99412	PREVENTIVE MED COUNSELING AND/OR RISK FACTOR REDUCTION PROV TO INDIVIDUALS IN A GROUP SETTING;60 MIN	24
G0151	PHYSICAL THERAPIST;PTAS(REIMB CAT 1 PROVIDERS) INDIVIDUAL PT- EARLY INTERVENTION	42.19
G0152	OCCUPATIONAL THERAPIST;OTAS(REIMB CAT 1 PROVIDER)INDIVIDUAL PT- EARLY INTERVENTION	42.19
G0153	SPEECH-LANGUAGE THERAPIST(REIMB CAT 1 PROVIDER) INDIVID. SLP- EARLY INTERVENTION	42.19
G0396	ALCOHOL AND/OR SUBST(OTHER THAN TOBACCO)MISUSE ASSESS & BRIEF INTERV.15-30MIN USE IN PLACE OF 99408	34.92
G0397	ALCOHOL AND/OR SUBST(OTHER THAN TOBACCO)MISUSE ASSESS & BRIEF INTERV.>30 MIN-USE IN PLACE OF 99409	67.78
G0495	N RN OR RNP (REIMB CAT 1 PROV) R INDIVD NURSE OR DEVEL. SVC PROVIDED BY NURSE-EARLY INTERVENTION	42.19
G9001	BC-CASE MGMT/ASSESS PLAN	25
G9002	BC - CARE CORD- PER DAY	4.05
T1023	EARLY INTERVENTION INITIAL ASSESS OR DEVELOPMENT OF IFSP OR ANNUAL IFSP	42.19
T1024	EARLY INTERVENTION TEAM TX ACTIVITIES; TEAM MEET OR ASSESS DONE AFTER INITIAL ASSESS FOR SERV PLAN	42.19
T1027	DEVELOPMENTAL SERVICES & OTHER EI SVC PROVIDED BY 1 EI CERTIFIED SPECIALIST(CAT 2 PROV)PER UNIT	30.94
T1028	ASSESMT OF HOME PHYSICAL AND FAMILY ENVIRON. TO DETERMINE SUITABILITY TO MEET PATIENTS MEDICAL NEEDS	89.1
T1029	LEAD INVESTIGATION	150
T2022	TARGETED CASE MANAGEMENT-EARLY INTERVENTION-PER MONTH	148.5

APPENDIX J – VDH LAB SERVICE FEES

CODE	LAB TEST NAME	PRICE
81000	URINALYSIS;DIPSTICK;NON-AUTOMATED;WI	3.65
81001	URINALYSIS; DIPSTICK -AUTOMATED WITH M	3.17
81002	URINALYSIS;NON-AUTOMATED	2.96
81003	URINALYSIS W/O MICROSCOPY	2.25
81020	URINALYSIS; TWO OR THREE GLASS TEST -PP	4.18
81025	PREGNANCY TEST - URINE	7.3
82270	OCCULT FECES SCREEN BY PEROXIDASE	2.51
82947	GLUCOSE; QUANTITATIVE	3.93
82948	GLUCOSE; BLOOD STICK TEST	3.65
82950	GLUCOSE POST-GLUCOSE DOSE	4.75
82951	GLUCOSE TOLERANCE(GTT); 3 SPEC	10.83
82962	GLUCOSE- BY MONITORING DEVICE	2.7
83655	LEAD QUANTITATIVE- BLOOD	12.11
83986	ASSAY OF BODY FLUID ACIDITY/PH - IN-HOUSE LAB	3.1
85018	HEMOGLOBIN	2.37
86580	PPD-TB SKIN TEST	9.53
86703	HIV-1 & HIV-2; SINGLE ASSAY(RAPID TEST)	11.48
86803	HEPATITIS C ANTIBODY	0
87205	SMEAR- PRIM SOURCE- WITH INTERPRETATION	4.27
87210	WET MOUNT W/ SIMPLE STAIN-USE SECOND 87210 + MOD 59 IF BOTH SALINE & KOH ARE DONE	4.98
87220	TISSUE EXAM (SKIN HAIR OR NAILS)FOR FUNGI BY KOH SLIDE	3
87428	SARS-COV-2 (COVID-19) AND INFLUENZA VIRUS TYPES A+B POINT OF CARE RAPID TEST	30.94
87635	INFECT AGENT DETECTION BY DNA/RNA; SARS-COV-2 CORONAVIRUS DISEASE (COVID-19)AMPLIFIED PROBE TECH.	0
87808	TRICHOMONAS VAGINALIS DONE IN HOUSE	14.01
87811	INFECT. AGENT ANTIGEN DETECTION; SARS-COV-2 CORONAVIRUS DISEASE COVID-19 (EX. BINAX NOW CARD TEST)	0
87880	STREPTOCOCCUS; GROUP A (QUICK STREP)	13.86
89220	SPUTUM;OBTAINING SPECIMEN;AEROSOL INDUCED TECHNIQUE	16.48
L100800	FRUCTOSAMINE	3.24
L101000	GESTATIONAL GLUCOSE TOLERANCE 2HR SCRIN AND DIAG-3 SPEC	4.8
L10116	ANGIOTENSIN-CONVERTING ENZYME	7.85
L101200	GLUCOSE (2 SPEC WHO)TOLERANCE	3.2
L1016	CALCIUM- SERUM	1.6
L10181	B-2 MICROGLOBULIN SERUM WITHOUT SERIAL MONITORING	16.22
L102004	GESTATIONAL GLUCOSE TOLERANCE (DIAGNOSTIC)- FOUR	6.4
L102087	GLUCOSE HEMOCUE WAIVED	9.45
L102277	GESTATIONAL DIABETES EVALUATION	1.6

CODE	LAB TEST NAME	PRICE
L1024	PHOSPHORUS; SERUM	1.6
L102525	HGB A1C WITH EAG ESTIMATION	3.7
L1032	GLUCOSE- SERUM	1.6
L10322	PROSTATE-SPECIFIC ANTIGEN (PSA) SERUM	4
L10330	BILE ACIDS	12
L10363	INSULIN-LIKE GROWTH FACTOR I (IGF-I)	25.41
L10389	TRI-IODOTHYRONINE (T3)- FREE- SERUM	4.7
L10390	T3FREE	55.13
L1040	UREA NITROGEN- SERUM	1.6
L1057	URIC ACID- SERUM	1.6
L1065	CHOLESTEROL- TOTAL	1.6
L1073	PROTEIN- TOTAL- SERUM	1.73
L10801	AFP-SERUM- OPEN SPINA BIFIDA	12.2
L1081	ALBUMIN- SERUM	1.6
L1099	BILIRUBIN- TOTAL	1.6
L1107	ALKALINE PHOSPHATASE- SERUM	1.6
L1123	ASPARTATE AMINOTRANSFERASE (AST)	1.6
L114041	AB SCR+ANTIBODY ID	28.4
L1149	THYROXINE (T4)	1.7
L115188	D-DIMER	20.85
L115345	PLATELET COUNT ON CITRATED BLD	22.5
L1156	T3 UPTAKE	1.7
L115907	CBC/DIFFERENTIAL (NO PLATELET)	1.7
L117020	HEXAGONAL PHASE PHOSPHOLIPID	48.67
L117040	PTT-LA MIX	32.45
L117054	LUPUS ANTICOAGULANT COMP	123.25
L117705	PROTEIN C-FUNCTIONAL	33.26
L117754	PROTEIN S PANEL	140.7
L117810	ACTIVATED PROTEIN C-RFX FVDNA	135
L117892	LUPUS ANTICOAGULANT PROFILE WITH REFLEX	52.1
L117912	DRVVT MIX	90.75
L117923	DRVVT CONFIRM	90.75
L1180	POTASSIUM- SERUM	1.6
L12005	RPR- RFX QN RPR/CONFIRM TP	1.75
L12021	RPR QN+TP ABS	6.6
L120766	C-REACTIVE PROTEIN (CRP)- CARDIAC	5.1
L121228	FREE KAPPA AND LAMBDA LIGHT CHAINS PLUS RATIO-	85.97
L1214	BILIRUBIN TOTAL & DIRECT-SERUM	1.7
L121690	HEMOGLOBINOPATHY FRACTIONATED CASCADE	11.5
L121697	HGB SOLUBILITY (REFLEX)	3.4
L121710	HGB FRACTIONATION BY HPLC (REFLEX)	11.5
L121720	HGB FRAC BY HPLC + SOLUBILITY (REFLEX)	15.45
L122101	HEMOGLOBIN FRAC.- W/O SOLUBILITY	11.5

CODE	LAB TEST NAME	PRICE
L1222	BILIRUBIN- DIRECT	1.6
L122390	IMMUNOFIXATION (IFE) AND PROTEIN ELECTROPHORESIS-	31.91
L123111	PANCREATIC AMYLASE; SERUM	37.75
L123208	VANILLYLMANDelic ACID (VMA)- RANDOM URINE	38.74
L123234	PANCREATIC ELASTACE- FECAL	245
L1255	GLUCOSE FASTING AND 2HR	3.2
L126881	HBCIGM (RFX FROM TEST 219949)	6
L1321	IRON AND TOTAL IRON BINDING CAPACITY (TIBC)	3
L1339	IRON-SERUM	1.6
L1354	FECAL FAT;QUANTITATIVE	18.39
L13664	PROTEIN-TOTAL-URINE	2.3
L13672	CREATININE- RANDOM URINE	2.3
L1370	CREATININE- SERUM	1.6
L138313	VARICELLA ZOSTER VIRUS DNA PCR	402
L138537	POLIOVIRUS IMMUNE STATUS - 86658 (X3)	210.92
L138651	HSV 1/2 PCR	182.91
L139350	HIV-1 RNA	56.38
L139475	PLASMODIUM SP. PCR	141.75
L1396	AMYLASE- SERUM	2.3
L139825	HIV-1/HIV-2 QUALITATIVE; RNA	50
L139900	2019 NOVEL CORONAVIRUS(COVID-19)NAA	0
L140230	MONKEYPOX (ORTHOPOXVIRUS) DNA PCR	80.85
L140285	MICROALBUMIN/CREATININE RATIO- RANDOM URINE	4.9
L1404	LIPASE-SERUM	2.3
L140659	HEPATITIS C VIRUS (HCV) ANTIBODY	6.8
L141408	HEPATITIS C VIRUS ANTIBODY- IMMUNOBLOT ASSAY (RIBA)	87.88
L143255	TESTOSTERONE- FREE AND WEAKLY BOUND	47.05
L143991	HEPATITIS C VIRUS (HCV) ANTIBODY WITH REFLEX TO RIBA	30.8
L144025	VIRAL HEPATITIS HBV HCV	17.75
L144050	HCV ANTIBODY W/REFLEX TO QUANTITATIVE REAL TIME PCR	.8
L144053	PREGNANCY; INITIAL SCREENING PROFILE	53.2
L144065	HCV AB W/RFLX TO VERIFICATION	6.8
L144075	HCV AB VERIFICATION	86.5
L144226	HEPATITIS A VIRUS ANTIBODY TOTAL W/RFX	6.05
L144473	HEPATITIS B VIRUS SCREENING & DIAGNOSIS	10.95
L1453	HEMOGLOBIN (HGB) A1C	2.85
L146688	FREE ANDROGEN INDEX- SERUM	222
L1495	IMMUNOFIXATION- (IFE) AND PROTEIN ELECTROPHORESIS	38.12
L1503	VITAMIN B-12	5.1
L15271	LYME IGG/IGM AB	21.63
L1537	MAGNESIUM- SERUM	1.6
L1545	ALANINE AMINOTRANSFERASE (ALT)	1.6
L1594	CRYOGLOBULIN QL SERUM; RFX	5.25

CODE	LAB TEST NAME	PRICE
L160218	RUBEOLA ANTIBODIES- IGM	25.65
L160325	LYME TOTAL AB TEST/REFLEX	10.15
L160499	MUMPS ANTIBODIES IGM	13.3
L1610	FIBRINOGEN ACTIVITY	5.4
L161745	BORDETELLA PERTUSSIS ANTIBODIES IGG	132.75
L161802	ANTICARDIOLIPIN AB IGG/M; QN	43.2
L161810	ANTICARDIOLIPIN AB IGG QN	12.5
L161950	ANTICARDIOLIP AB IGA/G/M QUANT	56.55
L161992	LYME DISEASE AB- QUANT- IGM	23.8
L162420	HUMAN T-CELL LYMPHOTROPIC VIRUS I- II (HTLV-1/HTLV-II)	428.75
L163006	HSV-2 IGG SUPPLEMENTAL TEST-REFLEX FROM 164922 OR 163033	57
L163030	BORDETELLA PERTUSSIS IGG- IGM ANTIBODIES- QUANTITATIVE	92.93
L163084	ZIKA VIRUS ANTIBODY; IGM	60
L163253	PERTUSSIS DIPHTHERIA ANTIBODIES	25
L163303	PARVOVIRUS B19(HUMAN)- IGG- IGM	77.6
L163600	LYME DISEASE BY WESTERN BLOT- SERUM	27.04
L163683	HELICOBACTER PYLORI- IGM- IGG- IGA ANTIBODIES	19.45
L163758	MYCOPLASMA PNEUMONIAE- IGG AND IGM ANTIBODIES	72.36
L163915	BETA-2 GLYCOPROTEIN I ANTIBODIES;IGG IGA IGM	15.65
L164000	STRONGYLOIDES IGG ANTIBODY	88.9
L164098	HSV-2 AB; IGG	4.7
L164099	HSV 1 AND 2 AB; IGG	9.4
L164517	PROTEIN S-ANTIGEN	88.6
L164806	HERPES SIMPLEX VIRUS (HSV)- TYPES I/II- IGM- EIA (SAME AS TEST CODE 054163)	12.5
L164814	ANTICENTROMERE B ANTIBODIES	103.25
L164855	ANTINUCLEAR ANTIBODIES (ANA)- QUALITATIVE	3.95
L164897	HSV TYPE 1-SPECIFIC AB; IGG	4.7
L164922	HERPES I/II SPECIFIC ANTIBODIES; IGG W/REF TO SUPPLEMENTAL HSV-2 TESTING	9.4
L164947	ANTINUCLEAR ANTIBODIES; IFA	3.95
L164962	ANA W/REFLEX	3.95
L16502	SPOTTED FEVER ANTIBODIES IGG & IGM	49.89
L165092	ANTINUCLEAR ANTIBODIES (ANA) COMPREHENSIVE PROFILE	170.58
L165126	CELIAC DISEASE COMPREHENSIVE	101.66
L165180	HSV 1 & 2 IGM ABS- INDIRECT	96.5
L1677	FECAL FAT-QUALITATIVE	10.82
L16865	CITRIC ACID (CITRATE)- URINE	22.44
L16881	HEPATITIS B CORE ANTIBODY- IGM	6
L17319	ALPHA-FETOPROTEIN (AFP) TETRA PROFILE	36.64
L17335	ALPHA-FETOPROTEIN (AFP) X-TRA PROFILE	21.92
L17500	FIRST TRIMESTER SERUM SCREEN FOR DOWN SYNDROME AND TRISOMY 18	257
L1768	IMMUNOGLOBULINS A/G/M; QN SER	16.5
L180010	CANDIDA 6 SPECIES PROFILE	156

CODE	LAB TEST NAME	PRICE
L180021	BACTERIAL VAG. ATOPOBIUM VAG.- BVAB-2- MEGASPAERA-1- C ALBICANS- C GLABRATA- TRICH- CHLAM/GONO	155
L180025	MYCOPLASMA GENITALIUM NAA; URINE	20.67
L180039	NUSWAB VAGINITIS(VG)	145
L180040	GENITAL MYCOPLASMAS NAA; URINE	62
L180042	VAGINITIS (VG) WITH CANDIDA (SIX SPECIES) NUSWAB	249
L180043	NUSWAB BV AND CANDIDA	114
L180045	CT/GC/TV NAA+M GENITALIUM URINE	61.67
L180051	CT/NG/MYCOPLASMAS NAA; URINE	72
L180055	C ALBICANS- C GLABRATA	52
L180060	BACTERIAL VAGINOSIS- ATOPOBIUM VAGINAE- BVAB-2- MEGASPAERA-1	61
L180066	VAGINITIS PLUS(VG+); HSV SWAB (NUSWAB)	227.5
L180073	CT/GC/TV NAA+M GENITALIUM SWAB	61.67
L180076	MYCOPLASMA GENITALIUM NAA; SWAB	20.67
L180089	GENITAL MYCOPLASMAS SWAB	62
L180093	CT/GC/MYCOPLASMAS NAA; SWAB	497.5
L180764	H. PYLORI STOOL AG- EIA	40.56
L180786	GROUP A STREP DIRECT TEST- DNA PROBE	21.63
L180844	O & P EXAM- PVA ONLY	11.6
L180851	O+P EXAM- FORMALIN ONLY	14.33
L180901	WET PREP SENT TO LABCORP	40.75
L1818	GLUCOSE- PLASMA	1.6
L182204	GIARDIA LAMBLIA- DIRECT DETECTION BY EIA	16.22
L182212	ORGANISM IDENTIFICATION; YEAST	20.85
L182378	CRYPTOSPORIDIUM & ISOSPORA SMEAR- STOOL	12.43
L182402	ACID-FAST (MYCOBACTERIA) BROTH-BASED CULTURE AND SMEAR	37.85
L182493	FUNGUS CULTURE; YEAST CULTURE FOR VAGINITIS	15
L182526	GC CULTURE RECTAL	8.05
L182537	GC CULTURE PHARYNGEAL	8.05
L182725	BACT VAG (SIALIDASE)- CHLAMYDIA TRACH.- NEISSERIA GONO.- TRICH.VAGINALIS(NAA)- VAG YEAST CULTURE	133.73
L182776	YEAST ONLY;CULTURE	26.24
L182879	QUANTIFERON TB GOLD PLUS-4 TUBE KIT	45
L182913	QUANTIFERON-TB GOLD PLUS	45
L182949	OCCULT BLOOD- FECAL- IA	25
L183025	CRYPTOCOCCUS ANTIGEN-SERUM	10.45
L183130	SUSCEPTIBILITY; N. GONORRHOEAE	3.5
L183160	CT NT TRICH VAG BY NAA	41
L183194	CHLAMYDIA/GONOCOCCUS BY NUCLEIC ACID AMPLIFICATION	10
L183305	CT/GC AMPLIFIED URINE-NEW/CDD	10
L183323	CT/GC AMPLIFIED CERVIX-NEW/CDD	10
L183357	CT/GC AMPLIFIED VAGINAL-NEW/CDD	10

L183379	SYPHILIS SCREENING CASCADE	3
CODE	LAB TEST NAME	PRICE
L183449	CT/GC AMPLIFIED RECTAL-NEW/CDD	10
L183528	CT/GC AMPLIFIED PHARYNGEAL-NEW/CDD	10
L1842	LACTATE DEHYDROGENASE (LD) ISOENZYMES- SERUM	9.19
L1859	CK+LD ISO	10.92
L186072	HERPES SIMPLEX VIRUS (HSV) CULTURE WITHOUT TYPING	11.5
L188052	TRICHOMONAS	31
L188056	HSV NAA	72.5
L188070	CT/NG/TV/HSV	113.5
L188078	CHLAMYDIA TRACHOMATIS NAA	7.58
L188110	GIARDIA LAMBLIA BY EIA AND OVA AND PARASITES	165.25
L188130	GROUP B STREP COLONIZATION DETECTION CULTURE	7.1
L188132	GROUP B STREP COLONIZATION DETECTION; NAA	26.05
L188135	GROUP B STREP COLONIZATION DETECTION CULTURE W/REFLEX TO SUCEPTIBILITIES	7.1
L188139	GROUP B STREP COLONIZATION DETECTION NAA WITH REFLX TO SUSCEPTIBILITIES	26.05
L188672	CT/GC NAA-RECTAL	10
L188698	CT/GC NAA-PHARYNGEAL	10
L1909	ALB+PROT	1.9
L1917	GLUCOSE 6-PHOSPHATE DEHYDROGENASE (G-6-PD)-	8.35
L192005	GYNECOLOGIC PAP TEST- LIQUID-BASED PREPARATION	18
L192104	PAP LB- CT-NG- RFX HPV ALL	33.15
L192120	PAP LB- CT-NG	29.8
L192153	PAP IG; CT-NEG; HPV-HR	66.15
L1925	HDL CHOLESTEROL	1.9
L192512	PAP LB CT-NG TV RFX HPV ASCU	61.4
L192520	PAP LB CT-NG TV	61.4
L192546	PAP LB CT-NG TV HPV-HR	100.4
L192555	CHANGE IG PAP TO LB PAP	18
L193000	PAP IG (IMAGE GUIDED)	20
L193065	GYN PAP TEST; AGE-BASED GUIDELINE FOR CERVICAL CANCER(APTIMA)	20
L193157	GYN PAP TEST;IG;LB AND CHLAMYDIA/GONOCOCCUS;NAA AND HPV(APTIMA)	61
L194027	PAP IG; CT-NG RFX HPV ASCU	35.15
L1941	COMPLEMENT; TOTAL (CH50)	6.5
L1958	GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	1.6
L196210	IGP COBASHPV16/18	129.95
L196215	IGP CTNG;COBASHPV16/18	129
L196553	PAP IG; CT-NG TV HPV-HR	92
L196565	PAP IG;CT-NG; RFX HPV ALL	30
L197070	GYNECOLOGIC PAP TEST- LIQUID-BASED PREPARATION AND	80
L197116	PAP IG RFX HPVALL 16/18	20
L1974	THYROXINE (T4) FREE- DIRECT- SERUM	4.3

CODE	LAB TEST NAME	PRICE
L198190	PAP IG; HPV-H+LR	82
L1982	ALPHA-1 ANTITRYPSIN;SERUM	6.5
L199300	GYN PAP TEST; IMAGE GUIDED;LIQUID BASED W/RFX TO HPV(APTIMA) WHEN ASC-U	20
L199305	GYN PAP TEST; IG; LB AND HPV(APTIMA) W/RFX TO HPV GENOTYPES16 AND 18-45	51
L199310	GYN PAP TEST;IG;LB AND CT/NG NAA AND ; APTIMA HPV RFX TO 16/18 45	61
L199315	GYN PAP TEST;IG;LB AND CHLY/GC/TRICH NAA AND HPV(APTIMA) W/RFX TO HPV GENOTYPES 16 AND 18-45	92
L199320	GYN PAP TEST; IG;LB;CHLAMYDIA/GONOCOCCUS NAA W/RFX TO HPV (APTIMA)WHEN ASC-U	30
L199325	GYN PAP TEST;IG;LB;CT/NG/TRICH NAA;RFX TO HPV WHEN ASC-U	423.25
L199328	GYN PAP TEST; IG; LIQ BASED; CHLAMYDIA/GONOCOCCUS;TRICHOMONAS; NAA & HPV	92
L199330	GYN PAP TEST; IG;LB AND HPV(APTIMA)	51
L199344	GYN PAP TEST IG LB; HPV DETECTION W/RFX TO HPV GENOTYPES 16 & 18-45 ON HIGH RISK POSITIVE SPECIMENS	51
L199345	GYN PAP TEST; IG;LB W/RFX TO HPV(APTIMA)WHEN ASC-U; ASC-H; LSIL;HSIL;AGUS	20
L199360	GYN PAP TEST; IG; LB AND CHLAMYDIA/GC/TRICH; NAA W/RFX TO HPV(APTIMA) WHEN ASC-U;ASC-H;LSIL;AGUS	61
L2014	FOLATE (FOLIC ACID)- SERUM	5.1
L2022	GLUCOSE- 2-HOUR POSTPRANDIAL	1.6
L20313	CMP12+5AC	3.7
L20321	PROTHROMBIN TIME (PT) AND PARTIAL THROMBOPLASTIN	3.55
L211425	GLUCOSE TOLERANCE PROF (4 SP)	10.16
L211581	PRENATAL INFECTIOUS DISEASE ANTIBODIES- IGM-	41.31
L214007	CHOLINESTERASE- PLASMA AND RBC	53.73
L2154	CK TOTAL + ISOENZYMES;SERUM	3.15
L21550	CMP12+7AC	3.94
L2162	IMMUNOGLOBULIN D; QUAN	67.72
L216655	EPSTEIN-BARR VIRUS (EBV) ACUTE INFECTION ANTIBODIES	43.6
L2170	IMMUNOGLOBULIN E; TOTAL	6
L2188	TRIIODOTHYRONINE (T3)	4.8
L221010	LIPID PANEL WITH CHOL/HDL RATIO	2.9
L224576	THYROID-STIMULATING HORMONE (TSH) AND FREE T4	7.1
L2253	AFP SERUM;TUMOR MARKER	8.35
L2295	IMMUNOGLOBULINS (QUANTITATIVE- IGA- IGE- IGG- IGM)-	23.26
L235010	LIPID PANEL WITH LDL/HDL RATIO	2.9
L235945	VARICELLA ZOSTER ABS- IGG/IGM	10.15
L237842	HFP7+2AC	2.74
L239822	GLUCOSE (2 SPEC) TOLERANCE- S	18.9
L24026	THYROXINE (T4) AND THYROID-STIMULATING HORMONE (TSH)-	4.5

CODE	LAB TEST NAME	PRICE
L24141	ANA+RA QN	7.21
L243766	RUB AB+VARAB+RUBEOAB+MUMIGG	16.45
L244681	RPR+RH+ABO+RUB AB+AB SCR+CB	24.9
L24778	BUN+CREAT	1.7
L250555	ANTIPHOSPHOLIPID SYNDROME PROF	95.3
L252816	GALACTOSEMIA (GALT)	680
L257188	HP4	28.09
L257451	ALT+AST+TBILI	1.8
L258004	LYME DISEASE AB/ TOTAL AND IGM WESTERN BLOT W/RFX	33.1
L259317	HELPER/SUPPRESSOR AND NATURAL KILLER CELL PROFILE	501.25
L2626	HFP7+3AC	2.86
L265397	HEPATITIS PROFILE XIII (HBV PRENATAL PROFILE)	192.5
L27011	THYROID PROFILE II (COMPREHENSIVE)	11
L275180	FE+CBC/D/PLT+TIBC+FER+CRP	14.4
L28142	COMPLETE BLOOD COUNT (CBC) WITHOUT DIFFERENTIAL	1.7
L282020	PRENATAL PROFILE WITH VARICELLA TITER	27.6
L28480	FOLLICLE-STIMULATING HORMONE (FSH) AND LUTEINIZING	10.5
L285700	FOLATE- RBC AND SERUM (WITH HCT)	72.89
L28928	HEPATITIS A (PROF V)	14.4
L300327	CMP12+8AC+MG+TIBC	6.5
L3004	CREATININE CLEARANCE	3.45
L3012	CREATININE- 24-HOUR URINE	2.65
L301622	CMP12+7AC+MG	3.5
L302085	COMP. METABOLIC PANEL (12)	2.7
L303744	HP5	23.8
L303754	ELECTROLYTE PANEL	1.9
L303755	HEPATIC FUNCTION PANEL (6)	2.1
L303756	LIPID PANEL	2.9
L3038	URINALYSIS- ROUTINE (WITH MICROSCOPIC EXAMINATION ON	2
L30452	URIC A+ANA+CRP+RF QN	14.34
L30577	ANEMIA PROFILE A	8.3
L30601	CMP12+5AC	3.7
L3079	MYOGLOBIN- QUANTITATIVE- URINE	16.22
L30825	FE+TIBC+FER	7.21
L31088	HGB+HCT	1.9
L31138	AMENORRHEA PROFILE	15
L3129	PROT+CREATU	4.6
L315192	LIVER FUNCT PNL-COMP	10.76
L315423	CMP12+LP+TP+TSH+6AC+CBC/D/PLT	16.23
L315652	CMP12+TP+TSH+8AC+CBC/D/PLT+...	32.54
L315865	ALP+ALT+AST+TBILI+URIC A+CB...	3.7
L315874	CMP14+LP+6AC	6.4
L315892	HBCAB+M+HBSAG+HCVAB	93.8

CODE	LAB TEST NAME	PRICE
L316370	HFP+2AC+CBC/D/PLT+CREATCX+P...	43.93
L316566	ALT+AST+CREAT+URIC A+HGB+PLT	6.36
L3178	SODIUM- URINE	2.38
L322000	METABOLIC PANEL (14)- COMPREHENSIVE	2.9
L322744	HEPATITIS PANEL- ACUTE	24.35
L322755	HEPATIC FUNCTION PANEL (7)	2.2
L322758	METABOLIC PANEL (8)- BASIC	2.3
L322777	RENAL FUNCTION PANEL	2.5
L3277	PROTEIN- TOTAL- QUANTITATIVE- 24-HOUR URINE	2.65
L330015	THYROID CASCADE PROFILE	2.8
L332158	ALP+ALT+AST+CREAT+TBILI+URI...	3.8
L334943	CMP 14+EGFR	2.9
L347692	ALP+ALT+AST+CREAT+GLU+TBILI	3.9
L348532	CMP12+LP+6AC+CBC/D/PLT+RPR+...	16.94
L349829	TSH RFX ON ABNORMAL TO FREE T4	2.8
L35188	ALT+AST	1.7
L354928	PROTEIN ELECTROPHORESIS- RANDOM URINE	7.58
L35774	HBSAB+AG	6.58
L360495	CMP12+9AC	4.18
L360690	PREECLAMPSIA MONITORING PROFILE	59
L363487	CBC/D/PLT+RH+ABO+RUB AB+AB	25
L364199	PRENATAL PROFILE W/T-PALLIDUM SCREENING; CBC/D/PLT+RH+ABO+RUB A	28.85
L368878	HFP7+2AC	2.4
L37184	HBCAB+HBSAB+AG	10.95
L37215	HEP B VIRUS EVALUATION PROFILE	10.95
L376426	CMP14+8AC	3.7
L377036	UA/M WITH CULTURE REFLEX	2.5
L3772	URINALYSIS- COMPLETE WITH MICROSCOPY	2.5
L38120	PRENAT INFEC DIS AB IGG;QN	23.71
L38158	LEAD STANDARD PROFILE- BLOOD	9.69
L3921	URINALYSIS NO MICRO; WAIVED	7
L3970	OXALATE- QUANTITATIVE- 24-HOUR URINE	13.52
L4036	PREGNANCY TEST; URINE	3.4
L4044	METANEPHRINES- PHEOCHROMOCYTOMA EVALUATION	64.34
L4100	DHEA SERUM	21.9
L42077	ANEMIA PROFILE B	22.5
L4226	TESTOSTERONE;TOTAL	4.7
L4234	METANEPHRINES- FRACTIONATED- QUANTITATIVE- 24-HOUR	27.04
L42580	HEAVY METALS PROFILE I- BLOOD	14.59
L4259	THYROID-STIMULATING HORMONE (TSH)	2.8
L4283	LUTEINIZING HORMONE (LH)S	5.25
L4309	FSH;SERUM	5.25
L4317	PROGESTERONE; SERUM	6.3

CODE	LAB TEST NAME	PRICE
L4333	INSULIN	6.8
L4416	HUMAN CHORIONIC GONADOTROPIN (HCG)- BETA SUBUNIT- QUANTITATIVE	3.85
L4465	PROLACTIN- SERUM	4.5
L450020	CYSTIC FIBROSIS MUTATION 97	140
L4515	ESTRADIOL	6.3
L451927	MATERNIT21 PLUS CORE (CHR21;18;13;SEX)	299
L451934	MATERNIT21 PLUS CORE + SCA	299
L451950	INHERITEST CARRIER SCREEN COMPREHENSIVE PANEL (144 GENES)	349
L451951	MATERNIT21 PLUS CORE (CHR21;18;13)NO GENDER	299
L452112	MATERNIT21 PLUS CORE + SCA; NO GENDER	299
L4549	ESTROGENS TOTAL	20.85
L455	THYROID PROFILE	3.4
L4556	HUMAN CHORIONIC GONADOTROPIN (HCG) BETA SUBUNIT QUALITATIVE- SERUM	3.4
L45849	HEPATITIS PROFILE III (PATIENT MANAGEMENT)	18.91
L4598	FERRITIN- SERUM	4
L4655	VITAMIN B6; PLASMA	26.1
L4770	LACTIC ACID- BLOOD	10.28
L480020	B-2 MICROGLOBULIN SERUM WITH SERIAL MONITORING	127.5
L4804	CALCIUM-IONIZED- SERUM	4.2
L480533	CYSTIC FIBROSIS PROFILE- DNA ANALYSIS	135
L480947	PROSTATE-SPECIFIC ANTIGEN(PSA)- FREE/TOTAL RATIO	12.3
L48462	HIRSUTISM PROFILE	400.75
L4945	CA+CREAT+P+PTH INTACT	15
L500183	ANTIMULLERIAN HORMONE(AMH)SERUM	102
L500463	PRT C ACTIVITY (CHROMOGENIC)	92.25
L500711	LUPUS COAGULANT/CARDIOLIPIN ANTIBODY (ESOTERIX)	1031
L500773	PREGNENOLONE	220
L5009	COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL WITH PLATELE	2.15
L501561	FREE & TOTAL INSULIN	90
L5017	CBC;NO DIFFERENTIAL/PLATELET	1.7
L503640	BILE ACIDS; FRACTIONATED AND TOTAL LC/MS-MS	125
L5041	HEMOGLOBIN-LABCORP	0.95
L505008	HELPER T-LYMPHOCYTE MARKER CD4	10.45
L505271	CD4/CD8 RATIO PROFILE	15.14
L5058	HEMATOCRIT	0.95
L507315	HPV 16/18	38.5
L507328	HPV ASR (REFLEX FROM 192047-192197 OR 195050)	31
L507385	HPV COBAS HIGH-RISK/16/18	107
L507405	HPV-LOW VOLUME RFX	31
L507460	HPV ASR (REFLEX FROM 192197)	68
L507475	HPV GENOTYPE-16/18	80
L507800	HPV APTIMA	31

CODE	LAB TEST NAME	PRICE
L507805	HPV(APTIMA) W/RFX TO HPV GENOTYPES 16 AND 18-45	31
L507810	HPV GENOTYPES-16/18 45	68
L507820	HPV GENOTYPES 16/18 45	80
L507825	HPV GENOTYPES	68
L511154	FACTOR V LEIDEN MUTATION ANALYSIS	124.38
L511206	HPV HC - HIGH RISK (AS REFLEX FROM 192047)SAME TEST AS L507301	31
L5199	PROTHROMBIN TIME (PT)	1.75
L5215	SEDIMENTATION RATE- WESTERGREN	1.75
L5223	HEMOGLOBIN SOLUBILITY	3.4
L5231	CELL COUNT- SYNOVIAL FLUID	21.63
L5249	PLATELET COUNT	2.1
L5280	RETICULOCYTE COUNT	3.15
L5298	EOSINOPHIL COUNT	4.32
L5300	HEMATOPATH CONSULTATION-SMEAR	16.25
L5330	HB SOLU + RFLX FRAC	3.4
L54163	HSV 1&2 IGM ANTIBODY	13.65
L5462	HIV-1 ANTIBODY; CONFIRMATION WESTERN BLOT	51.91
L550020	HUMAN PAPILLOMAVIRUS (HPV) BY PCR	184.93
L550080	HCV RT-PCR- QUANT (NON-GRAPH)	129
L550090	HCV RNA BY PCR;QN RFX GENO	139.51
L550100	HCV RNA BY PCR;QN RFX TO GENOTYPING	140
L550123	HEPATITIS C VIRUS (HCV) FIBROSURE	150
L550230	HIV-1 PHENOTYPE INTEGRASE (MONOGRAM INTEGRASE INHIBITOR RESISTANCE)	725
L550296	HCV RT-PCR; QUANT	129
L550362	REFLEX FROM 144050	85
L550420	RNA- REAL TIME PCR (GRAPH)	111.41
L550430	HIV-1 QUANTITATIVE REAL-TIME PCR (NONGRAPHICAL)	105
L550432	RNA PCR (NONGRAPH)RFX/GENO	105
L550475	HEPATITIS C VIRUS GENOTYPING	245
L550486	HEPATITIS C GENOTYPE	264.97
L550503	QUANT RNA PCR-MRFX	111.41
L550540	HEPATITIS C VIRUS (HCV) GENOSURE NS3/4A	0
L550603	HEPATITIS C VIRUS GENOTYPE 3 NS5A DRUG RESISTANCE ASSAY	686
L550713	HCV RNA NAA QUALITATIVE	85
L550746	INFORMASEQ PRENATAL TEST	795
L550850	HCV RNA NAA QUALITATIVE	85
L550870	HEPATITIS C VIRUS; DIAGNOSIS	85
L550880	REALTIME ABBOTT	439.5
L551300	HCV REALTIME ABBOTT	297
L551371	HIV-1 QUANT- RNA PCR (REFLEX FROM 551697)	409
L551587	HBV REAL-TIME PCR;QUANT;REFLEX FROM TEST L551722	250
L551610	HBV REAL-TIME PCR;QUANT	150

CODE	LAB TEST NAME	PRICE
L551619	HIV GENOSURE(R)MG	117.5
L551620	HBV RT PCR QUANT (GRAPH)	165
L551624	HIV GENOSURE(R). MG	232.5
L551697	HIV GENOSURE (IF TEST REFLEXES ADD L551371)LISTED ON CONTRACT AS 551663	450
L551704	GENOSURE PRIME(R)-MRFX	412.67
L551707	GENOSURE PRIME(R) INTERP-RFLX	177.33
L551722	HEPATITIS B VIRUS (HBV)DNA QUANT. REAL-TIME PCR W/RFX TO HBV GENOTYPE	150
L551727	HBV GENOTYPE; REFLEX FROM TEST L551722	150
L551730	HIV-1 DNA SEQUENCING PROTEASE-REVERSE TRANSCRIPTASE	257.63
L551734	HIVDNASEQ PRRT	257.63
L551743	HIVDNASEQ PRRT INTERP	130.36
L551874	HIV 1 GENOSURE INTEGRASE	350
L58495	MEASLES- MUMPS- RUBELLA (MMR) IMMUNITY PROFILE	12.6
L58545	HEPATITIS B VIRUS PROFILE IV	32.1
L58552	HAV/HBV (PROFILE VII)	51.03
L58560	HEPATITIS PROFILE I (DIAGNOSTIC)	22.05
L6015	ANTIBODY SCREEN	7.3
L6031	ANTISTREPTOLYSIN O AB (ASO TITER)	4.32
L6049	ABO GROUPING AND RHO(D) TYPING	5.35
L6056	ABO GROUPING	10.59
L6064	RH FACTOR	2.6
L6072	RAPID PLASMA REAGIN(RPR)QUALITATIVE	1.25
L6099	RPR	1.25
L6189	MONONUCLEOSIS TEST- QUALITATIVE	3.4
L6197	RUBELLA ANTIBODIES- IGG	4
L620	THYROID PANEL WITH TSH	6.2
L6213	ANTIBODY IDENTIFICATION	24.25
L6262	ANTIGEN TYPING-RBC	81
L6338	ANTIEXTRACTABLE NUCLEAR ANTIGENS	24.33
L6379	T PALLIDUM AB (FTA-AB)	5.75
L6395	HEPATITIS B SURFACE ANTIBODY	3.25
L6460	RPR QUANT	2.1
L6478	TOXOPLASMA GONDII AB IGG QN	4.77
L6486	ANTIPARIETAL CELL ANTIBODY	34.51
L6494	CYTOMEGALOVIRUS (CMV)AB IGG	5.54
L6502	RHEUMATOID ARTHRITIS FACTOR	3.05
L650390	IGE LATEX	4.25
L6510	HEPATITIS B SURFACE ANTIGEN	3.2
L6530	HEPATITIS B SURF AB QUANT	3.25
L6619	HEPATITIS BE ANTIGEN	7
L6627	C-REACTIVE PROTEIN QUANTITATIVE	5.25
L6635	HEP BE ANTIBODY	8.15

CODE	LAB TEST NAME	PRICE
L6676	THYROID PEROXIDASE (TPO)ANTIBODIES	7.85
L6684	THYROID ANTIBODIES	53.4
L6718	HEPATITIS B CORE ANTIBODY- TOTAL	4.5
L6726	HEP A AB- TOTAL	6.05
L6734	HEPATITIS A ANTIBODY- IGM	8.35
L6924	HLA B 27 DISEASE ASSOCIATION	32.45
L6926	HLA-B5701 TEST	62.5
L700248	TACROLIMUS (FK506) BLOOD	60
L700433	LEAD WHOLE BLOOD (MATERNAL)	5
L70409	CANNABINOID/CREATININE RATIO- URINE	12.5
L70466	CHAIN-OF-CUSTODY PROTOCOL;SPECIMEN	0
L7054	AMMONIA PLASMA	3.65
L706440	CLOZAPINE(CLOZARIL); SERUM	8.87
L706556	CYCLOSPORINE WHOLE BLOOD	141
L706557	CYCLOSPORINE WHOLE BLOOD IMMUNOASSAY	50.67
L706961	METHYLMALONIC ACID- SERUM	25.95
L706994	HOMOCYST(E)INE; PLASMA	26.1
L70706	PHENYTOIN (DILANTIN)- FREE AND TOTAL- SERUM	27.04
L71255	NICOTINE AND METABOLITE QUANTITATIVE; PLASMA WHOLE BLOOD OR SERUM	80
L712562	CANNABINOID CONF;UR	33.26
L716285	TOPIRAMATE (TOPAMAX)- SERUM	20.55
L716928	OXCARBAZEPINE (TRILEPTAL)S	9.4
L716936	LEVETIRACETAM (KEPPRA)- SERUM	31.03
L716944	LAMOTRIGINE (LAMICTAL) SERUM	9.2
L717009	LEAD- BLOOD (PEDIATRIC)	5
L717016	LEAD CAPILLARY(FINGERSTICK) BLOOD PEDIATRIC	5
L725788	7-DRUG UNBUNDLED	10.2
L7260	VALPROIC ACID (DEPAKENE)- SERUM	3.4
L726778	7+ALC-UNBUND	10.48
L733339	733339 10+ALC-SCR	12.99
L733690	12+OXYCODONE+CRT-SCR	107.83
L733692	733692 9+OXYCODONE+CRT-SCR	57.86
L7385	DIGOXIN (LANOXIN)- SERUM	3.45
L7393	NORTRIPTYLINE (AVENTYL)- SERUM	15.14
L7401	PHENYTOIN (DILANTIN)- SERUM	3.51
L74021	074021 9 DRUG-SCR	10.48
L7419	CARBAMAZEPINE (TEGRETOL)- SERUM	3.65
L74666	074666 9 DRUG-SCR	76
L7625	LEAD- BLOOD (ADULT)	5
L770701	DRUG PROFILE TREATMENT CENTER- URINE	10.87
L7708	LITHIUM (ESKALITH)- SERUM	2.95
L772012	DRUG PROFILE 772012	11.64
L772111	9+ALC+CRT-SCR	10.98

CODE	LAB TEST NAME	PRICE
L7823	PHENOBARBITAL (LUMINAL)- SERUM	4
L7856	PRIMIDONE (MYSOLINE)- SERUM	23.8
L791280	LEAD; BLOOD; FILTER PAPER	10
L791486	BUPRENORPHINE; WHOLE BLOOD	130.2
L794370	DRUG PROFILE- URINE (9 DRUGS) BY IMMUNOASSAY WITH GC/MS	12.55
L794388	7 DRUG-BUND	11.77
L799007	799007 7 DRUG-BUND	11.77
L799452	5-DRUG BUNDLE	12.11
L8003	ANAEROBIC AND AEROBIC CULTURE	32.35
L80325	VITAMIN D- 1-25 + 25-HYDROXY	438
L805247	MANNAN BINDING LECTIN	111.25
L80713	LYSOZYME- SERUM	15.65
L8086	URINE CULTURE; COMPREHENSIVE	15.65
L809958	SCHISTOSOMA IGG ANTIBODY	146.25
L810	VITAMIN B12 AND FOLATES	10.2
L8128	GC CULTURE ONLY	8.05
L8144	STOOL CULTURE- COMPREHENSIVE	30.25
L8169	BETA-HEMOLYTIC STREPTOCOCCUS CULTURE- GROUP A ONLY	5.75
L81786	TESTOSTERONE- SERUM (BY EQUILIBRIUM)	47.05
L8185	PARASITE EXAMINATION- BLOOD	10.95
L81869	VIT B12 UNSAT BINDING CAPACITY	99.25
L81950	VITAMIN D- 25-HYDROXY	14
L82345	T PALLIDUM SCREENING CASCADE	3
L82348	TREPONEMAL ANTIBODIES TPPA-REFLEX FROM T PALLIDUM SCREENING CASCADE TEST CODE 082345	83.74
L82370	TREPONEMA PALLIDUM ANTIBODIES	3
L8250	HERPES SIMPLEX VIRUS (HSV) CULTURE AND TYPING	14.6
L82605	TPPA ADD-ON ONLY NEW/CDD	2
L828935	SCHISTOSOMIASIS	89.5
L8300	BLOOD CULTURE; ROUTINE	11.5
L8334	GENITAL CULTURE ROUTINE	13.05
L8342	UPPER RESPIRATORY CULTURE- ROUTINE	8.35
L83885	RABIES AB TITER- SERUM	55
L83935	HIV 1/O/2 ANTIGEN/ANTIBODY 4TH GEN PRELIMINARY W/CASCADE REFLEX TO SUPP TESTING	5
L83940	MULTISPOT (RFX FROM HIV TEST 083935)	27
L83950	HIV NAAT (RFX FROM HIV TEST 083935)	50
L8482	FUNGUS (MYCOLOGY) CULTURE	15.9
L8565	CHLAMYDIA TRACHOMATIS CULTURE	16.7
L8573	VIRAL CULTURE- SOURCE-SPECIFIC- GENERAL	47.95
L86122	MYASTHENIA GRAVIS PROFILE III	100.16
L86207	CLOSTRIDIUM DIFFICILE TOXINS A+B- EIA	11.67
L8623	OVA AND PARASITES EXAMINATION- ROUTINE	13.85

CODE	LAB TEST NAME	PRICE
L86249	FACTOR V ACTIVITY	78.15
L8631	PINWORM PREPARATION	9.65
L8649	AEROBIC BACTERIAL CULTURE- GENERAL	10.45
L8656	WHITE BLOOD CELLS (WBC)- STOOL	8.11
L8680	SUSCEPTIBILITY TESTING- AEROBIC AND FACULTATIVELY	14.1
L86884	UREAPLASMA/MYCOPLASMA HOMINIS CULTURE	49
L881411	PHYSICIAN READ PAP (INCL REFLEX FROM 192047)	10
L883051	88305 SURG PATH-1ST SITE	46.1
L883052	88305 SURG PATH-2ND SITE	46.1
L883053	88305 SURG PATH-3RD SITE	46.1
L883054	88305 SURG PATH-4TH SITE	46.1
L883055	88305 SURG PATH-5TH SITE	46.1
L883056	88305 SURG PATH-6TH SITE	46.1
L883057	88305 SURG PATH-7TH SITE	46.1
L883058	88305 SURG PATH-8TH SITE	46.1
L883071	88307 SURGICAL PATHOLOGY	66.55
L88341	IMMUNOHISTOCHEMICAL; EACH ADDITIONAL ANTIBODY STAIN	87.25
L883421	IMMUNOHISTOCHEM; 1ST ANTIBODY	87.25
L8847	URINE CULTURE- ROUTINE	5.65
L8900	ANAEROBIC CULTURE; EXTENDED INCUBATION	21.9
L8904	ANAEROBIC CULTURE	21.9
L9001	FINE NEEDLE ASPIRATION CYTOLOGY (PALPABLE MASS- LYMPH	95.44
L90365	GLUCOSE TOLERANCE (4 SPECIMEN BLOOD)	6.4
L90373	GLUCOSE TOLERANCE TEST (GTT)- BLOOD- 5 SPECIMENS	8.65
L9134	BREAST DISCHARGE CYTOLOGY	41.7
L93042	HISTOLOGY/SHAVE BIOPSY SKIN	81.8
L96206	VARICELLA-ZOSTER VIRUS (VZV) ANTIBODIES- IGG	.85
L96537	RUBELLA ANTIBODIES; IGM	14.1
L96552	MUMPS ANTIBODIES- IGG	4.4
L96560	RUBEOLA ANTIBODIES- IGG	4.2
L96651	TOXOPLASMA GONDII AB IGM; QN	7.97
L96669	POLIOVIRUS ANTIBODIES	52.6
L96727	CYTOMEGALOVIRUS (CMV) AB; IGM	6.09
L96776	VARICELLA-ZOSTER VIRUS (VZV) ANTIBODIES- IGM-	6.3
L96925	T-LYMPHOCYTE HELPER/SUPPRESSOR PROFILE	19.47
L97279	URIC A+ANA+RA QN+CRP+ASO	18.66
L997870	MIC ORGANISM # 1 SEE ALSO TEST CODE LM90001	5.5
Q37737	T-SPOT TB TEST-QUEST DIAGNOSTICS CPT CODE 86481	47

APPENDIX K – CLINICAL SERVICES FEES REVENUE ACCOUNTS FY22-FY24

ACCOUNT	ACCOUNT DESCRIPTION	FY'22	FY'23	FY'24	GRAND TOTAL
4002623	CHILD HEALTH SERVICES	\$462,648.51	\$542,352.65	\$588,570.75	\$1,593,571.91
4002625	ADULT HEALTH SERVICES	\$54,999.81	\$48,772.42	\$81,856.10	\$185,628.33
4002628	COMMUNICABLE HEALTH SERVICES	\$1,171,542.78	\$1,699,593.39	\$1,796,361.49	\$4,667,497.66
4002633	CHRONIC HEALTH SERVICES	\$3,793.87	\$8,640.73	\$7,103.18	\$19,537.78
4002643	PHARMACY SERVICES	\$788.35	\$830.70	\$907.33	\$2,526.38
4002644	X-RAY FEES-GEN. MED. CL.	\$282.61	\$220.27	\$138.64	\$641.52
4002648	FAMILY PLANNING SERVICES	\$1,448,629.53	\$1,736,973.34	\$1,442,600.13	\$4,628,203.00
4002655	LABORATORY SERVICE FEES	\$2,909.72	\$4,222.44	\$7,127.49	\$14,259.65
4002668	MEDICAID PEDIATRIC	\$51,668.16	\$44,750.33	\$36,865.73	\$133,284.22
4002672	CHILD DEVELOPMENT FEES	\$30.00	\$227.18	\$125.35	\$382.53
4002673	MATERNAL & CHILD HEALTH	\$190,292.78	\$324,873.13	\$390,109.57	\$905,275.48
4002674	CHILDRENS SPECIALTY SERV	\$-	\$-	\$14.67	\$14.67
4002686	PUBLIC HEALTH EDUCATION	\$4,256.41	\$5,087.25	\$4,894.85	\$14,238.51
4002688	IMMUNIZATION SERVICES	\$2,146,994.37	\$2,910,806.30	\$4,035,940.69	\$9,093,741.36
4002694	MEDICAID PED CLINIC VIST	\$-	\$1,020.00	\$63.00	\$1,083.00
4002698	MEDICAID MATERNAL CLINIC	\$25,147.86	\$43,499.35	\$39,054.62	\$107,701.83
4002699	NON MED. MATERNAL CLINIC	\$6,124.47	\$3,214.28	\$8,213.16	\$17,551.91
4002711	VFC ADMIN FED - DMAS	\$418,964.75	\$452,744.98	\$557,440.07	\$1,429,149.80
4002642	EARLY CHILDHOOD INTERVENTION PROGRAM SERVICES	\$970,567.46	\$617,675.03	\$751,617.87	\$2,339,860.36
4002672	CHILD DEVELOPMENT FEES	\$89,326.62	\$51,932.60	\$65,926.85	\$207,186.07
	GRAND TOTAL	\$7,048,968.06	\$8,497,436.37	\$9,814,931.54	\$25,361,335.97