Macon County



### MACON COUNTY BOARD OF COMMISSIONERS AUGUST 11, 2020 AGENDA

- 1. Call to order and welcome by Chairman Tate
- 2. Announcements
- 3. Moment of Silence
- 4. Pledge of Allegiance
- 5. Public Hearing(s) None
- 6. Public Comment Period (via telephone)
- 7. Additions to agenda
- 8. Adjustments to and approval of the agenda
- 9. Reports/Presentations
  - (A) Macon County Homeless Task Force Proposal Bob Bourke, President, Macon New Beginnings
  - (B) Update on county's response to COVID-19
    - (1) Kathy McGaha Public Health
    - (2) Warren Cabe Emergency Management
    - (3) Sheriff Robert Holland Law Enforcement
    - (4) Derek Roland -- Administration

#### 10.Old Business

- 11.New Business
  - (A) Consideration of proposed fee plan for Fiscal Year 2020-21 Public Health Director Kathy McGaha
  - (B) Transit fare structure change Transit Director Kim Angel
  - (C) Resolution regarding surplus dental equipment County Attorney Chester Jones
  - (D)Discussion/consideration of Request For Proposals (RFP) for Macon County High-Speed Internet Access Service Expansion Project – Mr. Jones

- (E) Consideration of revised Emergency Management Ordinance Mr. Jones and Emergency Services Director Warren Cabe
- (F) Consideration of renewal of Non-Emergency Transportation Services Contract – Mr. Roland
- (G) Request for additional services for IT scope changes for Macon Middle School renovation Mr. Roland

#### 12. Consent Agenda - Attachment #12

All items below are considered routine and will be enacted by one motion. No separate discussion will be held except on request of a member of the Board of Commissioners.

- (A) Minutes of the May 26, 2020 continued session, the June 2, 2020 continued session and the June 9 regular meeting
- (B) Budget Amendments #34-47
- (C) Tax Releases in the amount of \$1,558.98 for July 2020
- (D) Monthly ad valorem tax collection report no action necessary

#### 13.Appointments

14. Closed session as allowed under NCGS 143-318.11(a)(3) for the purpose of preserving the attorney/client privilege.

#### 15.Adjourn/Recess

## MACON COUNTY BOARD OF COMMISSIONERS

## AGENDA ITEM

## **CATEGORY – REPORTS/PRESENTATIONS**

**MEETING DATE: AUGUST 11, 2020** 

9A. Bob Bourke, the president of Macon New Beginnings, will present a proposal for a homelessness task force. A copy of background information supplied by Mr. Bourke is attached. In an email to county officials earlier this year, he briefly outlined a course of action, as follows: Therefore, might I suggest that a homelessness task force be established. Such a team would consist of and be supported by the town, county, businesses, non-government agencies and concerned citizens. This team would be charged with cataloguing the current resources available to the homeless, identifying the needs of the homeless, developing a gap analysis, and recommending action steps.

9B. The board will receive its monthly update on the county's COVID-19 response/status from the following individuals:

- Kathy McGaha regarding Public Health
- Warren Cabe regarding Emergency Management
- Sheriff Robert Holland regarding law enforcement issues
- Derek Roland regarding overall county administration



Macon New Beginnings, Inc.
131 Franklin Plaza Dr., Box 228, Franklin, NC 28734
(828) 202-3103 www.maconnewbeginnings.org

#### Macon County Homelessness Proposed Homelessness Task Force Background Information

Macon New Beginnings, Inc. (MNB) is a 501 c (3) non-profit helping the homeless in Macon County, NC. Macon New Beginnings, an all volunteer organization, was incorporated in NC in 2015. Since then we have worked with Macon county and Franklin departments, non-government agencies, businesses, concerned citizens, etc. in helping the homeless. We have also worked with homeless organizations around NC and the US. Macon New Beginnings has also harvested homeless practices and procedures from European and Japanese homeless agencies.

### US Department of Urban Development (HUD) Homeless Definition:

- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
- People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing.
- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.
- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

## 1. Many in our community have asked: are there are homeless in Macon county?

- On 9/18/19 Franklin Police Chief Adams convened a meeting that included town departments, county departments and various agencies to discuss the homeless.
- On 3/21/19 the NC Commerce department convened a meeting with the Macon County Parole and probation office, local businesses and various agencies to discuss those individuals being released from the criminal justice system and re-entering the community.
- On 3/3/19 School Superintendent Baldwin convened a meeting with several faith-based organizations and various agencies to discuss reaching out to homeless students & parents.

Ask Town Department heads (Police, Parks, Legal, etc.) how much time and effort their staff spend serving homeless people.

Ask Macon County Department heads (Sheriff, Emergency Services, DSS, Health and Human Services, Schools, Parks & Recreation, etc. how much time and effort their staff spend serving homeless people.

Ask Non-government agencies and businesses (Angel Medical, Appalachian Services, Meridian, Carenet, REACH, VAYA, MPP, No Wrong Door, Full Circle, Macon New Beginnings, etc. how much time and effort their staff spend serving homeless people.

#### 2. Who are the homeless?



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They are men, women, children, veterans, behaviorally challenged, substance users, and "people down on their luck". In short anyone.

#### 3. How many homeless are there?

One way to get an idea of the magnitude is to count. So (HUD) asks communities to count homeless people on the last Wednesday in January of every year (point in time - PIT). Many believe the count is below the actual number because some don't want to be counted, couch surfing is not included, it is difficult to count in rural or dangerous areas, impact of weather, etc. With that in mind:

2017	70
2018	65
2019	91
2020	Unofficial partial information - MNB: 60 & Full Circle: 15

A back of the napkin reasonableness test may be useful.

#### 2019 US Totals:

567,715	Homeless population
329,450,000	US population
X 100	
=0.17%	, 0

Applied to Macon County population of 34,624 = 59 So the PIT numbers above would appear reasonable.

Some numbers from MNB: (MNB emphasizes permanent housing rather than temporary shelter)

	<u>2019</u>	2018	2017
Assistance Phone calls	1,634	1,649	1,167
People Served	229	368	230
Emergency shelter	24	46	35
Children	104	162	94

Many hotels and landlords introduced a "black list" which has impacted the number of clients we've been able to help.

Since we began we have expended over \$188,000 helping 1,123 people. This does not include the value of time by our all-volunteer organization estimated at over \$173,000.

#### 4. Where are the homeless that "we are dealing with"?

During the day you may see some in public asking for help, they may be a coworker, or the person serving your dinner. But at night the homeless seek a safe place where they are less likely to be disturbed. In Macon County this shelter may include vehicles, river banks, parks, wooded areas, abandoned buildings, storage units, and the list goes on.



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## 5. <u>Is homelessness increasing?</u>

Here is some information from a single issue of the Franklin Press that could impact homelessness along with some observations.

"Macon Home Sales coming off strong 2019" Will housing become more affordable?

"Rising N.C. farm bankruptcies could signal broader rural crisis" Will more people have a steady income?

"Five facing heroin trafficking charges" Is substance use decreasing?

Take a look at the crime report and arrest section of the paper, is it getting smaller?

How about some other realities: Does the Sheriff want to decrease the size of the jail? Do home ownership or rental costs ever decrease? Is Macon County's average age decreasing? Are people saving more?

These items point out that homelessness is not likely to go away and frankly will probably increase.

## MACON COUNTY BOARD OF COMMISSIONERS

### **AGENDA ITEM**

## CATEGORY – NEW BUSINESS

## **MEETING DATE: AUGUST 11, 2020**

- 11A. Macon County Public Health Director Kathy McGaha will present the department's fee schedule for Fiscal Year 2020-21 for the board's consideration, and a copy of those fees is included in the packet. Items that are requested to be increased are highlighted. The Macon County Board of Health voted to approve the updated schedule at its meeting on July 28, 2020.
- 11B. Macon County Transit Director Kim Angel will present a revised transit fare structure for the board's consideration, and her memo to the board outlining those changes is included in the packet. She is anticipating using the revised fare structure for the remainder of the current fiscal year.
- 11C. Mr. Jones is preparing a resolution regarding surplus dental equipment from the former Adult Dental Clinic at Macon County Public Health. That resolution, which will declare the property as surplus and direct it to be sold, will be available at Tuesday's meeting.
- 11D. Mr. Jones can also provide information on the Request For Proposal (RFP) for the "Macon County High-Speed Internet Access Service Expansion Project," a draft copy of which is included in the packet. The scope of the project consists of expanding high-speed Internet access/service within the areas of Addington Mill, Riverside, McDonald Mill, Otto, Norton, Mulberry, Tessentee and Scaly Mountain over a three-year period.
- 11E. Along with Emergency Services Director Warren Cabe, Mr. Jones will present a revised version of the county's Emergency Management Ordinance for the board's consideration, a copy of which is included in the packet.

- 11F. Mr. Roland was anticipating receiving a document to renew a non-emergency transportation services contract, but as of this writing on Thursday afternoon (August 6), that contract had not been delivered. Mr. Roland will update the board on this matter at the meeting.
- 11G. Mr. Roland will also present a request from SGA/NarmourWright seeking additional design service fees related to an additional scope of work for Information Technology (IT) items as part of the renovations to Macon Middle School. A copy of that request is included in the packet.

	Macon County Public Health Fee Schedule			
Code	Description	Current Fees	Proposed New Fees	
10133	Doxycycline/Acyclovir	00:00		
10456	Azithromax	0.00		
10561	Bicillin	.25/unit		
96901	Ceftriazone	2.50/unit		
11050	Injection, Medroxyprogesterone Acetate, 150 MG (.34 per unit)	20.00		
11100	Injection, Dexamethasone sodium phosphate	10.00		
11725	17P Injection	21.00		
11726	Makena 17P	850.00		
12790	Rho (D) Immune Globulin (Rhlg), full dose, 300mcg	134.00		
13490	17-P used only for the treatment of advanced adenocarcinoma of the uterine corpus	850.00		
17297	Liletta	50.00		
17298	Mirena (replaces J7302)	350.00		
	UD Mirena IUD - Medicaid	311.00		
17300	Intrauterine copper contraceptive device, Paragard T380A	250.00		
U 0087L	UD Intrauterine copper contraceptive device, Paragard T380A	250.00		
17301	Skyla IUD small frame	800.00		
	UD Skyla IUD small frame - Medicaid	376.00		
17302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	528.00		
J7307	Nexplanon	200.00		
	UD Nexplanon	364.00		
Q3014	TELE Psychiatry Origination Site Fee	21.00		
Q9984	Kyleena IUD - hormone releasing	900.00		
	UD Kyleena IUD - hormone releasing - Medicaid	543.00		
20030	Metronidazole	00.00		
2000F	BPV Measurement of ocular blood flow with interpretation	5.00		
11200	Removal of skin tags, up to 15 lesions	70.00		
11201	Removal of skin tags each additional 10 lesions	28.00		
	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),			
11400	trunk, arms, or legs; excised diameter 0.5 cm or less	115.00		
,	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),			
11401	trunk, arms, or legs; excised diameter 0.6 cm to 1.0 cm	135.00		
11402	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 1.1 cm to 2.0 cm	152.00		
	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),			
11403	trunk, arms, or legs; excised diameter 2.1 cm to 3.0 cm	176.00		
	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	1000		
11404	trunk, arms, or legs; excised diameter 3.1 cm to 4.0 cm	194.00		
11406	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	00 000		
2001	duin, aiiis, oi iegs, excised diametel Ovel 4.0	732.00		

000	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	
11420	Scalp, neck, nands, teet, genitalis, excised diameter 0.5 cm or less  Excision hanim lesion including margins, Except thin tail (infact listed alcourband)	110.00
11421	excision, perign lesion including margins. Except skin tag (unless listed elsewriere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	142.00
11/33	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scala nack hande feat maritalia: excised diameter 1.1 cm to 2.0 cm.	
774.	Control bonish Indian including manager Proposed in 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	DO. DOL
11423	excision, periign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 cm to 3.0 cm	192.00
	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	
11424	scalp, neck, hands, feet, genitalia; excised diameter 3.1 cm to 4.0 cm	218.00
	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	
11426	scalp, neck, hands, feet, genitalia, excised diameter over 4.0 cm	291.00
	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	
11440	face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	132.00
	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	
11441	face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 cm to 1.0 cm	157.00
	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	
11442	face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 cm to 2.0 cm	174.00
	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	
11443	face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 cm to 3.0 cm	219.00
	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	
11444	face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 cm to 4.0 cm	272.00
•	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere),	
11446	face, ears, eyelids, nose, lips, mucous membrane, excised diameter over 4.0 cm	333.00
	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk,	
12001	and/or extremities (including hands and feet); 2.5 cm or less	147.00
	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk,	
7007	and/or extremities (inclouding liams and reet); 2.0 cm to 7.5 cm	159.00
12004	Simple repair of superficial wounds of scalp, neck, axiliae, external genitalia, trunk, and/or extremities (including hands and feet): 7.6 cm to 12.5 cm	700
	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk.	
12005	and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	228.00
	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk,	
12006	and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	298.00
	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk,	
12007	and/or extremities (including hands and feet); over 30.0 cm	331.00
	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous	
12011	membranes (including hands and feet); 2.5 cm or less	153.00
	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous	
12013		171.00
	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous	
12014	membranes (including hands and feet); 5.1 cm to 7.5 cm	200.00

12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 7.6 cm to 12.5 cm	250.00
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 12.6 cm to 20.0 cm	304.00
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 20.1 cm to 30.0 cm	394.00
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); over 30.0 cm	476.00
12020	Treatment of superficial wound dehiscence; simple closure	202.00
12021	Treatment of superficial wound dehiscence; with packing	148.00
11981	Nexplanon insertion	65.00
11982	Nexplanon removal	80.00
11983	Nexplanon removal with reinsertion	145.00
	Destruction (eg, laser surgery, electrosurgery, cryosurger, chemosurgery, surgical	
17110	curettement), of penign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	79.00
54050	Destroy Penis Lesion(s) - Simple Chemical	228.00
54065	Destruction Penis Lesion(s) - Extensive Cryosurgery	387.00
56501	TCA Vulva	229.00
56515	Destroy Vulva Lesion(s) - Complex	394.00
57170	Diaphragm fitting with instructions	91.00
57452	Colposcopy of the cervix including upper/adjacent vagina	191.00
57454	Colposcopy of the cervix including upper/adjacent vagina w/biopsy of cervix or endocervical curettage	269.00
57455	Colposcopy of cervix including upper/adjacent vagina w/biopsy of cervix	253.00
57456	Colposcopy of the cervix including upper/adjacent vagina w/endocervical curettage	239.00
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	109.00
58300	Insert intrauterine device	132.00
58301	Removal of IUD	169.00
59025	Fetal Non-Stress Test	62.00
59425	Prenatal visits: 4 to 6 visits	1,000.00
59426	Prenatal visits: 7 or more visits	1,300.00
59430	After Delivery Care	121.00
69210	Remove impacted ear wax	86.00
86580	TB Test	00'9
86580P	TB Test - Patient Pay	00.9
G0008	Administration Fee - Flu Shot (Medicare)	14.00
60000	Administration Fee - Pneumonia Shot (Medicare)	14.00
G0010	Administration Fee - Hep B (Medicare)	14.00
02038	Influenza vaccine quadrivalent 6-36 months	16.00
02037	Flu Virus Vaccine (Fluvirin) Medicare	16.00
02038	Flu Virus Vaccine (Fluzone) Medicare	16.00

02039	Flu Virus Vaccine (Unspecified) Medicare	18.00	
90471	Vaccine Administration Fee	14.00	
90472	Vaccine Administration Fee-Each Additional	14.00	
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	20.00	
90474	Each additional intranasal or oral route vaccine (single or combination vaccine/toxoid)	20.00	
90620	Meningococcal B (recombinant protein serogroup B, 2 dose)	158.00	\$188.00
90621	Meningococcal B (recombinant lipoprotein serogroup B 3 dose)	160.00	
90632	Hep A - Adult	51.00	
90633	Hep A - Pediatric	35.00	
90636	Twinrix Vaccine	85.00	\$116.00
90645	Hib - child - HbOC 4 dose schedule	31.00	
90646	Hib - Adult - booster only	31.00	
90647	Hib - PRP_OMP 3 dose schedule	31.00	
90648	Hib - child - PRP-T 4 dose schedule	29.00	
90649	Gardasil (HPV)	190.00	
90650	HPV bivalent 2vHPV (Cervarix)	137.00	
90651	HPV 9 3 dose	205.00	\$249.00
90657	Flu Shot (6-35 months)	11.00	
90658	Flu Shot (3 yrs & >)	11.00	
09906	Flumist - State Supplied		
90662	Fluzone High Dose (65 % >)	46.00	\$59.00
02906	Prevnar	220.00	
90672	Quadrivalent Flu Mist	40.00	
90675	Rabies Vaccine - Exposure	285.00	\$346.00
90676	Rabies Vaccine - Preventive	305.00	\$331.00
90680	Rotateq	92.00	
90681	Rotarix	115.00	
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	16.00	\$24.00
98906	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	21.00	\$23.00
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	16.00	\$22.00
88906	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	18.00	\$22.00
90691	Typhoid Vaccine	106.00	
96906	Kinrix - (DTaP-IPV)	55.00	
86906	Penticil - (DTaP-IPV/Hib)	130.00	
90700	DTAP	35.00	
90702	DT - Diptheria Tetanus	58.00	
20206	MMR	75.00	00.68\$
90710	MMRV (Proquad)	216.00	\$246.00
90713	Adl	36.00	
90714	Td	39.00	

07100			
90/16	Varicella Vaccine	136.00	
90715	Тdap	41.00	
90717	Yellow Fever Vaccine	125.00	
90723	Pediarix - (DTaP- HepB-IPV)	75.00	
90732	Pneumonia Vaccine	103.00 \$118.00	
90733	Meningococcal	118.00	
90734	Menactra	125.00	
90736	Zostavax (Shingles Vaccine)	230.00	
90738	Japanese Encephalitis Vaccine	296.00	
90744	Hep B - Pediatric	37.00	
90746	Hep B - Adult	65.00	
90750	Shingrix	148.00 \$165.00	
92552	Hearing Test	39.00	
92567	Tympanometry	18.00	
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient)	63.00	
93000	EKG with Interpretation and Report	40.00	
93010	EKG additional testing	30.00	
96110	Developmental Screening	13.00	
96127	Brief Emotional/Behavioral Assessment	7.00	
96150	Health & Behavior Assessment, per 15 min, Initial	21.00	
96151	Health & Behavior Assessment, per 15 min, re-assessment	20.00	
96160	Administration of Patient-Focused Health Risk Assessment	6.00	
96372	Therapeautic Injection	20.00	
	Behavior identification assessment, administered by a physician or other qualified health care professional each 15 minutes of the physician's or other qualified hoolth		
97151	care professional's time face-to-face with patient and/or guardian(s)/caregiver(s)		
	administering assessments and discussing findings and recommendations, and non- face-to-face analyzing nact data scoring interpreting the assessment, and promating		
	the report/treatment plan	100.00	
97802	Medical nutrition therapy; initial assessment and intervention, individual,	45.00	
97803	Medical nutrition therapy; re-assessment and intervention, individual,	22.00	
29686	Telephone Education, 15 min/unit	0.00	
09686	Individual Education, face to face	0.00	
98961	Group Education, face to face	0.00	
08066	Special reports such as insurance forms & complete physical forms	15.00	
99172	Visual Acuity Screening Test - Color	5.00	
99173	Visual Acuity Screening Test	5.00	
99201	Office Visit (OV) new patient (pt) minor-phys time approx. 10 minutes	83.00	
99202	OV new pt, moderate-phys time approx 20 minutes	124.00	
99203	OV new pt, moderate-phys time approx 30 minutes	180.00	
99204	OV new pt, complex-phys time approx 45 minutes	280.00	
99205	OV new pt, severe-phys time approx 60 minutes	326.00	

OV estab. pt, minor-phys tinne approx 10 min. (inc. Employment PE) OV estab. pt, moderate. phys tinne approx 15 min. OV estab. pt, severe. phys tinne approx 25 min. OV estab. pt, severe. phys tinne approx 26 min. OV estab. pt, severe. phys tinne approx 26 min. OV estab. pt, severe. phys tinne approx 40 min. New physical exam. 10 to 14 years NP physical exam. 10 to 14 years EP physical examelation - problem focused EP physical examelation - problem focused EP physical examelation - problem focused by report	99211		00:7
OV estab, pt, moderate, phys time approx 15 min. (inc. DOT PE)  OV estab, pt, severe, phys time approx 25 min.  OV estab, pt, severe, phys time approx 25 min.  OV estab, pt, severe, phys time approx 25 min.  OV estab, pt, severe, phys time approx 25 min.  New Patient (NP) physical exam: 1 to 4 Years  NP physical exam: 1 to 4 Years  NP physical exam: 1 to 4 Years  NP physical exam: 1 to 1 Years  Explainable Additional (EP) physical exam: 4 to 4 Years  EP physical exam: 5 though 1 Years  EP physical exam: 1 to 1 Years  EP physical exam: 1	99212	OV estab. pt, minor-phys time approx 10 min. (inc. Employment PE)	72.00
OV estab, pt, severe, phys time approx 45 min.  OV estab, pt, severe, phys time approx 40 min.  New Patient (Urb) physical exam: 1 to 4 Years  NP physical exam: 1 to 4 Years  NP physical exam: 1 to 1 years  NP physical exam: 12 to 11 years  NP physical exam: 12 to 11 years  NP physical exam: 12 to 17 years  NP physical exam: 12 to 16 64 years  NP physical exam: 14 to 64 years  NP physical exam: 14 to 64 years  NP physical exam: 10 to 64 years  NP physical exam: 10 to 64 years  NP physical exam: 10 to 64 years  PP physical exam: 10 to 64 years  NP physical exam: 10 to 64 years  EP physical exam: 10 to 10 t	99213	OV estab. pt, moderate. phys time approx 15 min. (inc. DOT PE)	121.00
OV estab. pt, severe. phys time approx 40 min.  New Patient (NP) physical exam: 1 to 4 vears  NP physical exam: 4 to 10 years  NP physical exam: 4 to 10 years  NP physical exam: 4 to 64 years  NP physical exam: 1 to 4 years  Established Patient (EP) physical exam: - 1 year  Established Patient (EP) physical exam: - 1 years  EP physical exam: 1 to 4 years  EP physical exam: 2 through 1 thyears  EP physical exam: 3 through 1 thyears  EP physical exam: 3 through 1 thyears  EP physical exam: 4 to 5 years and older  Medical exam: 5 through 1 thyears  EP physical exam: 6 through 1 thyears  Consultant Treating Provider 1 thyears  Consultant Treating Treati	99214	OV estab. pt, severe. phys time approx 25 min.	209.00
New Patient (NP) physical exam: 1 to 4 Years  NP physical exam: 1 to 4 Years  NP physical exam: 1 to 1 to 7 years  NP physical exam: 1 to 10 years  Ephysical exam: 1 to 10 year	99215	OV estab. pt, severe. phys time approx 40 min.	262.00
NP physical exam: 1 to 4 Vears NP physical exam: 1 to 1 4 Vears NP physical exam: 1 to 10 4 Vears NP physical exam: 1 to 10 7 years EP physical exam: 1 to 10 years EP physical exam: 1 to 1 years EP physical e	99381	New Patient (NP) physical exam; < 1 year	211.00
NP physical exam: 5 to 11 years NP physical exam: 12 to 17 years NP physical exam: 18 to 39 years NP physical exam: 18 to 39 years NP physical exam: 18 to 39 years NP physical exam: 65 years and over initial vist Medicare Only Once in a lifetime Established Patient (EP) physical exam: < 1 year EP physical exam: 12 to 17 years EP physical exam: 18 to 39 years EP physical exam: 65 years and older Medicare Subsequent Annual Wellness Visit Tobacoz Education over 10 min Tobacoz Education over 10 min Tobacoz Education over 10 min Substance Abuse Substance Abuse Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient being minutes Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient being present Consultant - 5 minuses or more without patient services/figh and Avarance care planning first 30 min Advance care planning first 30 minutes Other Evaluation and Management - services/figh and various oral evaluation - problem focused Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99382	NP physical exam: 1 to 4 Years	227.00
NP physical exam: 12 to 17 years NP physical exam: 18 to 39 years NP physical exam: 18 to 39 years NP physical exam: 40 to 64 years NP physical exam: 50 years and over Initial Visit Medicare Only Once in a lifetime Established Patient (EP) physical exam: 5 through 1 years EP physical exam: 10 to 4 years EP physical exam: 10 to 4 years EP physical exam: 10 to 4 years EP physical exam: 10 to 64 years EP physical exam: 10 to 64 years EP physical exam: 10 to 64 years EP physical exam: 65 years and older Medicare Subsequent Annual Wellness Visit Tobacco Education over 10 min Tobacco Education over 10 min Tobacco Education over 30 min Additional Assessments Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant Experise cale management feo minutes Subsequent psychiatic collabroative care management feo minutes Colaborative care management services/moderate Transitional care management services/moderate Transitional care management services/moderate Periodic oral evaluation and Management Services (Replaced LU202) Preventive medicine, group counselling, appx 60 minutes Oral Evaluation and Management Services (Replaced LU202) Preventive medicine, group counselling, appx 60 minutes Comprehensive oral evaluation - problem focused Limited and extensive oral evaluation oral evaluation or levaluation	99383	NP physical exam: 5 to 11 years	226.00
NP physical exam: 18 to 39 years NP physical exam: 40 to 64 years NP physical exam: 40 to 64 years NP physical exam: 40 to 64 years Initial Visit Medicare Only Once in a filetime Established Palient (EP) physical exam: < 1 year EP physical exam: 10 to 17 years EP physical exam: 11 to 17 years EP physical exam: 12 to 17 years EP physical exam: 40 to 64 years EP physical exam: 40 to 64 years EP physical exam: 65 years and older Medicare Subsequent Annual Wellness Visit Tobacco Education of 210 min Substance Abuse over 30 min Additional Assessment and an angement 60 minutes Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient bornates Collaborative care management services/high Advance care planning first 30 min Advance care planning first 30 min Advance care planning first 30 min Periodic oral evaluation - problem focused Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused by report	99384	NP physical exam: 12 to 17 years	249.00
NP physical exam: 40 to 64 years NP physical exam: 40 to 64 years NP physical exam: 65 years and over Established Patient (EP) physical exam: - 1 year E physical exam: 10 to 17 years EP physical exam: 11 to 17 years EP physical exam: 12 to 17 years EP physical exam: 12 to 17 years EP physical exam: 12 to 17 years EP physical exam: 10 to 10 years EP physical exam: 10 to 17 years EP physical exam: 10 to 10 years EP physical exam: 10 to 10 years EP physical exam: 10 to 17 years EP physical exam: 10 to 10 years EP physical exam: 10 to 10 years EP physical exam: 10 to 17 years EP physical exam: 10 to 17 years EP physical exam: 10 to 10 years EP physical exam: 10 to 10 years EP physical exam: 10 to 10 years EP physical exam: 10 years EP physical	99385	NP physical exam: 18 to 39 years	242.00
Initial Visit and Medicare Only Once in a lifetime Established Paleint (EP) physical exam: 1 year Established Paleint (EP) physical exam: 1 year Ephysical exam: 1 to 4 years EP physical exam: 1 to 10 years EP physical examing the years EP physical examing the years EP physical exam: 1 to 10 years EP physical exam: 1 to 10 years EP physical exam: 1 to 10 years EP physical examing the years and over 1 to 10 years EP physical examing the years and over 1 to 10 years EP physical examing the years and over 1 to 10 years EP physical examing the years and over 1 to 10 years EP physical exam: 1 to 10 years	99386	NP physical exam: 40 to 64 years	287.00
Established Patient (EP) physical exam: <a href="https://doi.org/10.10">thisial Visit Medicare Only Once in a lifetime</a> Established Patient (EP) physical exam: <a href="https://doi.org/10.10">thisial physical exam: 110 4 years</a> EP physical exam: 18 to 39 years  I cobacco Education (3-10 min)  Tobacco Education (3-10 min)  Substance Abuse  Substance Abuse  Substance Abuse  Substance Abuse  Subsequent Seximal examplement first 70 minutes  Consultant Treating Provider 16-30 min communicating & preparing referral initial psychiatric collabroative care management services/moderate  Intrastitional care management services/moderate  Transitional care management services/migh  Advance care planning first 30 minutes  Other Evaluation and Management Services (Replaced LU202)  Preventive medicine, group counseling, appx 60 minutes  Orial Evaluation problem focused  Orial Evaluation - problem focused  Desiried and extensive oral evaluation - problem focused, by report	99387	NP physical exam: 65 years and over	310.00
Established Patient (EP) physical exam: < 1 year EP physical exam: 1 to 4 years EP physical exam: 12 to 17 years EP physical exam: 12 to 17 years EP physical exam: 12 to 17 years EP physical exam: 18 to 39 years EP physical exam: 18 to 39 years EP physical exam: 40 to 64 years EP physical exam: 40 to 64 years EP physical exam: 40 to 64 years EP physical exam: 65 years and older Medicare Subsequent Annual Wellness Visit Tobacco Education over 10 min Substance Abuse over 30 min Substance Abuse over 30 min Additional Assessments Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient first 70 minutes Consultant collaborative care management for minutes Collaborative care management services/moderate Transitional care m	G0438	Initial Visit Medicare Only Once in a lifetime	310.00
EP physical exam: 1 to 4 years EP physical exam: 5 through 11 years EP physical exam: 12 to 17 years EP physical exam: 18 to 39 years EP physical exam: 18 to 39 years EP physical exam: 40 to 64 years I tobacco Education over 10 min Substance Abuse Substance Abuse Consultant - 5 minutes over 30 min Additional Assessments Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant Collaborative care management Go minutes Subsequent psychiatric collaborative care management services/moderate Transitional care management services/moderate Transit	99391	Established Patient (EP) physical exam: < 1 year	200.00
EP physical exam: 5 through 11 years EP physical exam: 12 to 17 years EP physical exam: 12 to 17 years EP physical exam: 12 to 17 years EP physical exam: 40 to 64 years EP physical exam: 40 to 64 years EP physical exam: 50 years and older Medicare Subsequent Annual Wellness Visit Tobacco Education over 10 min Tobacco Education over 10 min Tobacco Education over 10 min Substance Abuse Substance Abuse Substance Abuse Substance Abuse over 30 min Additional Assessments Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient Borning Additional Abuse Consultant - 5 minutes or more without patient Borning Additional Abuse Consultant - 5 minutes or management first 70 minutes Consultant are management, each additional 30 minutes Collaborative care management services/migh Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes Consprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99392	EP physical exam: 1 to 4 years	200.00
EP physical exam: 12 to 17 years EP physical exam: 18 to 39 years EP physical exam: 40 to 64 years EP physical exam: 40 to 64 years EP physical exam: 65 years and older Medicare Subsequent Annual Weliness Visit Tobacco Education over 10 min Substance Abuse over 30 min Additional Assessments Consultant - 5 minutes or more without patient being present Consultant Treating Provider 16-30 min communicating & preparing referral Initial psychiatric collaborative care management first 70 minutes Subsequent psychiatric collaborative care management services/moderate Transitional care management services/moderate Transitional care management services/moderate Transitional care management Services/figh Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes Oral Evaluation - problem focused Oral Evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99393	EP physical exam: 5 through 11 years	200.00
EP physical exam: 18 to 39 years EP physical exam: 40 to 64 years EP physical exam: 65 years and older Medicare Subsequent Annual Weliness Visit Tobacco Education (3-10 min) Tobacco Education over 10 min Substance Abuse Substance Abuse over 30 min Additional Assessments Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient first 70 minutes Subsequent psychiatric collaborative care management services/moderate Transitional care management Services (Replaced LU202) Preventive medicine. group counseling, appx 60 minutes  Deriodic oral evaluation - problem focused Oral Evaluation, problem focused Oral Evaluation, problem focused Oral Evaluation, problem focused Oral Evaluation, problem focused, by report	99394	EP physical exam: 12 to 17 years	216.00
EP physical exam: 40 to 64 years  EP physical exam: 65 years and older  Medicare Subsequent Annual Wellness Visit  Tobacco Education (3-10 min)  Tobacco Education over 10 min  Substance Abuse  Substance Abuse over 30 min  Additional Assessment  Consultant - 5 minutes or more without patient being present  Consultant - 5 minutes or more without patient being present  Consultant - 5 minutes or more without patient being present  Consultant - 5 minutes or more without patient being present  Consultant - 5 minutes or more without patient being present  Consultant - 5 minutes or more without patient being present  Consultant - 5 minutes or more without patient testing present  Consultant - 5 minutes or more without patient services/moderate  Transitional care management services/moderate  Transitional care management services/moderate  Transitional care management services/moderate  Advance care planning additional 30 minutes  Other Evaluation and Management Services (Replaced LU202)  Preventive medicine, group counseling, appx 60 minutes  Derivated oral evaluation - problem focused  Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report	99395	EP physical exam: 18 to 39 years	217.00
EP physical exam: 65 years and older  Medicare Subsequent Annual Wellness Visit  Tobacco Education (3-10 min)  Tobacco Education over 10 min  Substance Abuse Substance Abuse over 30 min  Additional Assessments Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant - 6 minutes or more without patient being present Consultant - 6 minutes or more without patient being present Consultant - 6 minutes or more without patient for minutes Collaborative care management services/moderate Transitional care management services/moderate Transitional care management services/high Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  DENTAL  Deriodic oral evaluation  Limited oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - problem focused, by report	96266	EP physical exam: 40 to 64 years	242.00
Medicare Subsequent Annual Wellness Visit  Tobacco Education (3-10 min)  Tobacco Education over 10 min  Substance Abuse  Substance Abuse over 30 min  Additional Assessments  Consultant - 5 minutes or more without patient being present  Consultant Treating Provider 16-30 min communicating & preparing referral  Initial psychiatric collabroative care management first 70 minutes  Subsequent psychiatric collabroative care management 60 minutes  Collaborative care management, each additional 30 mins in a month  Transitional care management services/moderate  Transitional care management services/moderate  Transitional care planning first 30 min  Advance care planning additional 30 minutes  Other Evaluation and Management Services (Replaced LU202)  Preventive medicine, group counseling, appx 60 minutes  Dental Evaluation  United oral evaluation  Limited oral evaluation - problem focused  Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report	99397	EP physical exam: 65 years and older	250.00
Tobacco Education (3-10 min)  Tobacco Education over 10 min  Substance Abuse Substance Abuse Substance Abuse over 30 min Additional Assessments Consultant - 5 minutes or more without patient being present Consultant Treating Provider 16-30 min communicating & preparing referral Initial psychiatric collabroative care management first 70 minutes Collaborative care management, each additional 30 mins in a month Transitional care management services/moderate Transitional care management services/high Advance care planning first 30 min Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  DENTAL  Periodic oral evaluation Limited oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	G0439	Medicare Subsequent Annual Wellness Visit	250.00
Substance Abuse Substance Abuse Substance Abuse over 30 min Additional Assessments Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant Treating Provider 16-30 min communicating & preparing referral Initial psychiatric collaborative care management first 70 minutes Subsequent psychiatric collaborative care management, each additional 30 mins in a month Transitional care management services/moderate Transitional care management services/migh Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  DENTAL  Dentalited oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - problem focused, by report	99406	Tobacco Education (3-10 min)	13.00
Substance Abuse Substance Abuse over 30 min Additional Assessments Consultant - 5 minutes or more without patient being present Consultant - 5 minutes or more without patient being present Consultant Treating Provider 16-30 min communicating & preparing referral Initial psychiatric collaborative care management first 70 minutes Subsequent psychiatric collaborative care management 60 minutes Collaborative care management services/moderate Transitional care management services/moderate Transitional care management services/high Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  DENTAL  DENTAL  Comprehensive oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99407	Tobacco Education over 10 min	25.00
Substance Abuse over 30 min  Additional Assessments  Consultant - 5 minutes or more without patient being present  Consultant - 5 minutes or more without patient being present  Consultant Treating Provider 16-30 min communicating & preparing referral  Initial psychiatric collaborative care management first 70 minutes  Subsequent psychiatric collaborative care management 60 minutes  Collaborative care management, each additional 30 mins in a month  Transitional care management services/moderate  Transitional care management services/high  Advance care planning first 30 min  Advance care planning first 30 min  Advance care planning additional 30 minutes  Other Evaluation and Management Services (Replaced LU202)  Preventive medicine, group counseling, appx 60 minutes  DENTAL  Periodic oral evaluation - problem focused  Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report	99408	Substance Abuse	31.00
Additional Assessments  Consultant - 5 minutes or more without patient being present Consultant - 6 minutes or more without patient being present Consultant Treating Provider 16-30 min communicating & preparing referral Initial psychiatric collaborative care management first 70 minutes Subsequent psychiatric collaborative care management 60 minutes Collaborative care management, each additional 30 mins in a month Transitional care management services/moderate Transitional care management services/high Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  DENTAL  Periodic oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99409	Substance Abuse over 30 min	63.00
Consultant - 5 minutes or more without patient being present Consultant Treating Provider 16-30 min communicating & preparing referral Initial psychiatric collaborative care management first 70 minutes Subsequent psychiatric collaborative care management 60 minutes Collaborative care management, each additional 30 mins in a month Transitional care management services/moderate Transitional care management services/migh Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  DENTAL  Periodic oral evaluation Limited oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99420	Additional Assessments	0006
Consultant Treating Provider 16-30 min communicating & preparing referral Initial psychiatric collaborative care management first 70 minutes Subsequent psychiatric collaborative care management 60 minutes Collaborative care management, each additional 30 mins in a month Transitional care management services/moderate Transitional care management services/high Advance care planning first 30 min Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  DENTAL  Periodic oral evaluation Limited oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99451	Consultant - 5 minutes or more without patient being present	36.00
Initial psychiatric collabroative care management first 70 minutes   Subsequent psychiatric collaborative care management 60 minutes   Subsequent psychiatric collaborative care management, each additional 30 mins in a month   Transitional care management services/moderate   Transitional care management services/migh   Advance care planning first 30 min   Advance care planning additional 30 minutes   Advance care planning additional 30 minutes   Other Evaluation and Management Services (Replaced LU202)   Preventive medicine, group counseling, appx 60 minutes   DENTAL   Periodic oral evaluation - problem focused   Oral Evaluation, pt < 3yrs   Comprehensive oral evaluation - new or established patient   Detailed and extensive oral evaluation - problem focused, by report   1	99452	Consultant Treating Provider 16-30 min communicating & preparing referral	36.00
Subsequent psychiatric collaborative care management 60 minutes  Collaborative care management, each additional 30 mins in a month Transitional care management services/moderate Transitional care management services/high Advance care planning first 30 min Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  DENTAL  Periodic oral evaluation  Limited oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99492	Initial psychiatric collabroative care management first 70 minutes	131.00
Collaborative care management, each additional 30 mins in a month  Transitional care management services/moderate  Transitional care management services/high Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  DENTAL  Periodic oral evaluation Limited oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99493	Subsequent psychiatric collaborative care management 60 minutes	105.00
Transitional care management services/moderate  Transitional care management services/high Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  Periodic oral evaluation  DENTAL  Periodic oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99494	Collaborative care management, each additional 30 mins in a month	55.00
Advance care planning first 30 min Advance care planning first 30 min Advance care planning additional 30 minutes Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes   DENTAL  Periodic oral evaluation Limited oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99495	Transitional care management services/moderate	121.00
Advance care planning first 30 min  Advance care planning additional 30 minutes  Other Evaluation and Management Services (Replaced LU202)  Preventive medicine, group counseling, appx 60 minutes  DENTAL  Periodic oral evaluation  Limited oral evaluation - problem focused  Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report	99496	Transitional care management services/high	209:00
Advance care planning additional 30 minutes  Other Evaluation and Management Services (Replaced LU202)  Preventive medicine, group counselling, appx 60 minutes  DENTAL  Periodic oral evaluation  Limited oral evaluation - problem focused  Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report	99497	Advance care planning first 30 min	180.00
Other Evaluation and Management Services (Replaced LU202) Preventive medicine, group counseling, appx 60 minutes  DENTAL  Periodic oral evaluation Limited oral evaluation - problem focused Oral Evaluation, pt < 3yrs Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	99498	Advance care planning additional 30 minutes	180.00
Preventive medicine, group counseling, appx 60 minutes  DENTAL  DENTAL  Periodic oral evaluation  Limited oral evaluation - problem focused  Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report	99499		25.00
Periodic oral evaluation  Limited oral evaluation - problem focused  Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report	99412	Preventive medicine, group counseling, appx 60 minutes	91.00
Periodic oral evaluation  Limited oral evaluation - problem focused  Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report			
Periodic oral evaluation  Limited oral evaluation - problem focused  Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report		DENTAL	
Limited oral evaluation - problem focused  Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report	D0120	Periodic oral evaluation	38.00
Oral Evaluation, pt < 3yrs  Comprehensive oral evaluation - new or established patient  Detailed and extensive oral evaluation - problem focused, by report	D0140	Limited oral evaluation - problem focused	66.00
Comprehensive oral evaluation - new or established patient Detailed and extensive oral evaluation - problem focused, by report	D0145	Oral Evaluation, pt < 3yrs	48.00
Detailed and extensive oral evaluation - problem focused, by report	D0150	Comprehensive oral evaluation - new or established patient	00.69
	D0160	Detailed and extensive oral evaluation - problem focused, by report	100.00

[D0170 [	Re-evaluation - limited, problem focused (established patient; not post-op)	44.00
D0210	Intraoral - complete series (including bitewings)	141.00
D0220	Intraoral -periapical first film	30.00
D0230	Intraoral - periapical each additional film	24.00
D0240	Intraoral - occlusal film	32.00
D0250	Extraoral - first film	42.00
D0260	Extraoral - each additional film	35.00
D0270	Bitewing - single film	22.00
D0272	Bitewings - 2 films	36.00
D0273	Bitewings - 3 films	50.00
D0274	Bitewings - 4 films	63.00
D0330	Panoramic film	116.00
D1110	Prophylaxis - adult	81.00
D1120	Prophylaxis - child	56.00
D1201	Topical Fluoride w/ Prophylaxis	82.00
D1205	Topical Fluoride w/ Prophylaxis	82.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	51.00
D1208	Topical application of fluoride (prophylaxis not included)	35.00
D1351	Sealant - per tooth	44.00
D1510	Space maintainer - fixed - unilateral	283.00
D1515	Space maintainer - fixed - bilateral	395.00
D1555	Remove Fix Space Maintainer	51.00
D2140	Amalgam - 1 surface, primary or permanent	95.00
D2150	Amalgam - 2 surfaces, primary or permanent	123.00
D2160	Amalgam - 3 surfaces, primary or permanent	149.00
D2161	Amalgam - 4 or more surfaces, primary or permanent	181.00
D2330	Resin-based composite - 1 surface, anterior	118.00
D2331	Resin-based composite - 2 surfaces, anterior	150.00
D2332	Resin-based composite - 3 surfaces, anterior	184.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	217.00
D2336	Resin based composite - 1 surface pstr perm	138.00
D2391	Resin-based composite - 1 surface, posterior	138.00
D2392	Resin-based composite - 2 surfaces, posterior	180.00
D2393	Resin-based composite - 3 surfaces, posterior	223.00
D2394	Resin-based composite - 4 or more surfaces, posterior	275.00
D2751	Crown, non- precious metal (porcelin)	1,000.00
D2910	Recement inlay/onlay or part	25.00
D2920	Recement Crown	28.00
D2930	Prefabricated stainless steel crown - primary tooth	223.00
D2940	Sedative filling	85.00
D2950	Core buildup, including any pins	194.00
D2951	Pin retention - per tooth, in addition to restoration	48.00
D3220	Therapeutic pulpotomy (excluding final restoration)	138.00
03310	Root canal therapy - anterior (excluding final restoration)	£72 00

00000		
D3320	Root canal therapy - bicuspid (excluding final restoration)	700.00
Deser	(Not caral urerapy - Illoral (excluding illiar restoration)	00.800
D4211	Gingivectomy or gingivoplasty 1 to 3 contiguous teeth/quadrant	182.00
D4341	Periodontal scaling and root planing 4 or more contiguous teeth	198.00
D4342	Periodontal scaling and root planing 1 to 3 teeth/quadrant	188.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	146.00
D4910	Periodontal Maintenance	98.00
D5110	Complete Denture - Maxillary	1138.00
D5120	Complete Denture - Mandibular	1138.00
D5130	Immediate Denture - Maxillary	1234.00
D5140	Immediate Denture - Mandibular	1234.00
D5211	Maxillary Partial Denture - Resin Base	844.00
D5212	Mandibular Partial Denture - Resin Base	844.00
D5213	Maxillary partial denture - cast metal framework resin base	1230.00
D5214	Mandibular Partial Denture - cast metal framework resin base	1230.00
D5410	Adjust Complete Denture Maxillary	62.00
D5411	Adjust Complete Denture Mandbular	62.00
D5421	Adjust Partial Denture Maxillary	62.00
D5422	Adjust Partial Denture Mandibular	62.00
D5510	Repair Broken Complete Denture	150.00
D5520	Replace Missing or Broken Tooth	128.00
D5610	Repair Resin Denture Base	150.00
D5640	Replace Broken Teeth	128.00
D5650	Add tooth to existing partial denture	156.00
D5660	Add clasp to existing partial denture	234.00
D5730	Reline Complete Maxillary Denture	264.00
D5731	Reline Complete Mandibular Denture	264.00
D5740	Reline Maxillary Partial Denture	258.00
D5741	Reline Mandibular Partial Denture	258.00
D6930	Recement bridge	88.00
D7111	Extraction, coronal remnants - deciduous tooth	92.00
D7140	Extraction, erupted tooth or exposed root	123.00
D7210	Surgical removal of erupted tooth	217.00
D7220	Removal of impacted tooth - soft tissue	271.00
D7230	Removal of impacted tooth - partially bony	354.00
D7240	Removal of impacted tooth - completely bony	424.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	234.00
D7310	Alveoloplasty in conjunction with extractions - 4 or more tooth spaces, per quadrant	223.00
D7311	Alveoloplasty in conjunction with extractions 1 to 3 tooth spaces	190.00
D7320	Alveoloplasty not in conjunction with extractions - 4 or more tooth spaces, per quadrant	364.00
D7321	Alveoloplasty not in conjunction with extractions - 1 to 3 tooth spaces, per quadrant	308.00
D7410	Excision of benign lesion up to 1.25 cm	177.56

D7530 D9110 D9940 LU401	Removal of foreign body from mucosa, skin, or subcutaneous tissue	250.00	T
D9110 D9940 LU401			
D9940 LU401	Palliative (emergency) treatment of dental pain - minor procedure	97.00	Т
LU401	Occlusal Bite Guard	400.00	Τ
	MI Paste	12.25	
			Τ
j	OTHER SERVICES		Τ
99499	Lice Treatment		Τ
29982	Copy of Medical Records (per sheet charge not to exceed \$15.00)	0.25	T
99402	HIV Post-Test Results		
T1001	TB Screening Form	10.00	Τ
86580	PPD given, high risk (State Supplied)	0.00	7
3510F	PPD, positive result, contact		Τ
3510F	PPD, negative result, contact		Τ
3510F	PPD, positive result, low risk		
3510F	PPD, negative result, low risk		T
LU121	TB Directly Observed Therapy (DOT)		T
LU122	TB Directly Observed Preventive Terapy (DOPT)		T
LU123	PPD, not read, contact		Т
LU124	PPD, not read, low risk		7
3510F	PPD, positive result, high risk	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Τ
3510F	PPD, negative result, high risk		Т
3510F	PPD, not read, high risk		T
LU265	Treatment of LTBI initiated, high risk		Т
LU266	Treatment of LTBI, initiated, low risk		Т
LU267	Treatment of LTBI, initiated, contact		T
LU268	Treatment of LTBI completed, high risk		Т
LU269	Treatment of LTBI completed, low risk		Т
LU270	Treatment of LTBI completed contact		T
LU271	Treatment of LTBI incomplete		Т
LU272	Treatment of LTBI incomplete, low risk		Τ
LU273	Treatment of LTBI incomplete, contact		Τ
LU274	PPD given, contact		Т
S9981	Miscellaneous Services (ex. Medical records payment from Disability Determination, shipping charges)	15.00	Т
LU402	Medicaid Co-Payment	3.00	Т
G0431	Hair Drug Testing	100.00	
H0049	Expanded Hair Drug Testing	110.00	T
S0280	Medical home program, comprehensive care coordination and planning, Initial Plan	50.00	Т
S0281	Med home prog, comp care coord and planning, main. of plan (postpartum)	150.00	T
T1002		20.00	T
	A STATE OF THE STA		Γ
	HEALTH EDUCATION SERVICES		
50108	DSMT (Individual) 1/2 Hour Units	54.00	

G0109	DSMT (Group) 1/2 Hour Units	19.00	
G0447	Face To Face Behavioral Counseling for Obesity, Individual, 15 min un	25.00	
G0473	face To Face Behavioral Counseling for Obesity, Group, 30 min un	25.00	
O430T	Diabetes Prevention Program	00.09	
97802	MNT Individual/Initial (15 Min Units)	28.00	
97803	MNT Re-Check/Individual (15 Min Units)	24.00	
S9465	Diabetic management program, dietician visit (BCBS)	35.00	
S9470	Nutritional counseling, dietician visit (BCBS)	35.00	
	Baby Think It Over 4 Classes	350.00	 
-	Body Fat Monitor & Calipers	10.00	
	Body Fat Testing by Calipers	7.00	
	Body Fat Testing by Monitor	5.00	
	BTIO Keys	6.00	
	Challenge Course	10.00	
	CPR Breathing Barriers	6.00	
i	Adult 1st Aid / CPR / AED	90.00	
	CPR w/AED (Adult & Child) - ELIMINATED	0.00	
	Adult CPR/AED	70.00	
	Adult & Pediatric CPR/AED	90.00	
	Pediatric CPR/AED	70.00	
	CPR w/AED (Child) + Infant CPR + FAB - ELIMINATED	0:00	
	CPR w/AED (Adult & Child( + FAB - ELIMINATED	0.00	
	Adult & Pediatric 1st Aid/CPR/AED	110.00	
	First Aid-Basic	70.00	
İ	Healthy Heart Screening	35.50	
S9445	Individual Health Education	20.00	
	Life Worksite Wellness (A)	40.00	
	Life Worksite Wellness (B)	37.50	
	Life Worksite Wellness (C)	35.00	
	Life Worksite Wellness (D)	32.50	
	Life Worksite Wellness (E)	30.00	
	Locking Clips	1.00	
	Face Shield	2.00	
i	7.00 E 4 C C C 4 -		
36415	ROLITINE VENIDLINCTLIBE		
36416		a.un	i
80048	BMB, METABOLIC BANE: TOTAL CA	4.00	
80050	CENEDAL LESSIFICATIONS TO DANIEL	27.00	
00000	יין דראיסיין אידר הבאברוח וייאסיין אידר הבאברוח וייאסיין אידר הבאברוח וייאסיין אידר הבאברוח וייאסיין אידר הבאבר	74.00	
10000	ELECTROLY IE PANEL	29.00	
80053	CMP - CUMPREHEN ME   ABOLIC PANEL	24.00	
99008	PRENATAL - OBSTETRIC PANEL	57.00	
80061	LIPID PANEL	30.00	
80008	RENAL FUNCTION PANEL	29.00	
800/4	HEPAILIIS PANEL- ACUTE (A,B,C)	46.00	

MILESTON   CREEKED CANADA TECHNICAL TRANSPORT   M. CANADA MAINTENTYLANK (Propletoes 601700)   42000	92008	HEPATIC FUNCTION PANEL	27.00
AMITRIPTILINE (Replaces 80152)  CORRAMAZEPINE, TOTAL-TEGRETOL  FEGRETOL, FREE  CYCLOSPORINE - BLOOD  DIGOXINI  VALPROIC ACID (DIPROPYLACETIC ACID)  LEVETIRACETAM  LITHIUM  PRIMIDONE, MYSOLINE (WIPPENDB)  STROLLIMUS(RAPAMUNE) BLOOD  TAGROLIMUS (RAPEND BLOOD (RAPAND BLOOD)  TAGROLIMUS (RAPEND BLOOD (RAPAND BLOOD)  TALDOLASE  TALDOLASE  TALDHAR-FELDROLTEIN, SPENINT  TALDHAR-FELDROLTEIN, SPENINT  TALPHAR-FELDROLTEIN, SERVINT	G0431	DRUG SCREEN, QUALITATE/MULTI w/ confirmation (Replaces 80100)	50.00
CARBAMAZEPINE. TOTAL- TEGRETOL  TEGRETOL, FREE  TEGRETOL, FREE  OYCLOSPORINE - BLODD  DIGOXIN  VALENTROIC ACID (DIPROPYLACETIC ACID)  LEVETRACETAM  LITHUM  PHENOBARBITAL  DILANTIN - PHENYTOIN, TOTAL  PIRIMIDONE, MYSOLINE (WHENDB)  SIROLIMUS(RAPAMUNE) BLOOD  TAGROLIMUS  THACPOLIMUS  THACPHYLINE  OLANITATIVE ASSAY DRUG  DRUG SCREEN AUL/TICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN AUL/TICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN AUTO OWISCOPE*  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 1 OR 2  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS, 6 OR MORE  URINALYSIS, AUTO WIO SCOPE*  ALCOHOL- BREATH ETHANOL  ALCHAUL  ALPHA-FETOPROTEIN, SERUM'	80335	AMITRIPTYLINE (Replaces 80152)	43.00
TEGRETOLI, FREE CYCLOSPORINE - BLOOD DIGOXIN VALPROIC ACID (DIPROPYLACETIC ACID) LEVETHAGETAM LITHIUM PHENOBARBITAL DILANTIN - PHENYTOIN, TOTAL PHENOBARBITAL DILANTIN - PHENYTOIN, TOTAL PHENOBARBITAL DILANTIN - PHENYTOIN, TOTAL PHENOBARBITAL DIRANTIN - PHENYTOIN, TOTAL DIRANG SCREEN MULT TOHONG EACH PROCEDURE (Replaces 80100) DRUG SCREEN MULT TOHOG EACH PROCEDURE (Replaces 80100) DRUG SCREEN NOT OTHERWISE SPECIFIED (REPLACE RATION OTHER CYCLICALS: 0 OR MORE DRUG SCREEN NOT OTHERWISE SPECIFIED (REPLACE RATION OTHER CYCLICALS: 0 OR MORE DRUG SCREEN NOT OTHERWISE SPECIFIED (REPLACE RATION OTHER CYCLICALS: 0 OR MORE DRUG SCREEN NOT OTHERWISE SPECIFIED (REPLACE RATION OTHER CYCLICALS: 0 OR MORE DRUG SCREEN NOT OTHERWISE SPECIFIED (REPLACE RATION OTHER CYCLICALS: 0 OR MORE DRUG SCREEN NOT OTHERWISE SPECIFIED (REPLACE RATION OTHER CYCLICALS: 0 OR MO	80156	CARBAMAZEPINE, TOTAL- TEGRETOL	32.00
O'CLOSPORINE - BLOOD DIGGOND NALPROIG ACID (DIPROPYLACETIC ACID) LEVETIRACETAM LITHILIM PHENOBARBITAL DILANTIN - HENATOIN, TOTAL PRIMIDONE. MYSOLINE (WIPHENOB) SIRCUIMUS (RAPAMINIE) BLOOD TACROLIMUS (RAPAMINIE) BLOOD TACROLIMUS (RAPAMINIE) BLOOD TACROLIMUS (RAPAMINIE) BLOOD TACROLIMUS (RAPAMINIE) PER DATE OF SERVICE (Replaces 80100) DRUG SCREEN NULTICHANNEL PER DATE OF SERVICE (Replaces 80100) DRUG SCREEN NULTICHANNEL PER DATE OF SERVICE (Replaces 80100) DRUG SCREEN NULTICHANNEL PER DATE OF SERVICE (Replaces 80100) DRUG SCREEN NULTICHANNEL PER DATE OF SERVICE (Replaces 80100) DRUG SCREEN NOTO THERWISE SPECIFIED (REPLACE ALLOHOL BREATH ETHANOL ALCOHOL BREATH ETHANOL ALPHA-I-ANTITIRYPSIN, TOTAL* ALPHA-I-ANTITIRYPSIN, TOTAL* ALPHA-I-ANTITIRYPSIN, TOTAL*	80157	TEGRETOL, FREE	70.00
DIGOXIN  LEVETIRACETAM  LIFTHUM  LITHIUM  LITHIUM  PHENOBARBITAL  PHENOBARBITAL  PHENOBARBITAL  PHENOBARBITAL  PRINCIPALINE  PRENOBARBITAL  PRINCIPALINE  PRENOBARBITAL  PRINCIPALINE  PRENOBARBITAL  PRINCIPALINE  PRENOBARBITAL  PRINCIPALINE  PRENOBARBITAL  PRINCIPALINE  PRENOBARBITAL  PRINCIPALINE  DIAGROLIMUS (RAPAMUNE) BLOOD  TACROLIMUS  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL SERVICE (AND OTHER CYCLICALS; 6 OR MORE  URINALYSIS, AUTO WIO SCOPE (P&G.)  URINALYSIS, AUTO WIO SCOPE	80158	CYCLOSPORINE - BLOOD	43.00
VALPROIC ACID (DIPROPYLACETIC ACID)   ILEVETIRACETAM   LITHIUM   ILEVETIRACETAM   LITHIUM   PHENOBARBITAL   DILANTIN - PHENYTOIN, TOTAL   DIRUBALIN - WISOLINE (WIPHENOB)   SIROLIMUS/RAPAMUNE) BLOOD   TACROLIMUS   THEOPHYLLINE   QUANTITATIVE ASSAY DRUG   DRUG SCREEN JULITATEMULTI W confirmation (Replaces 80100)   DRUG SCREEN JULITATEMULTI W confirmation (Replaces 80100)   DRUG SCREEN JULITATEMULTI W confirmation (Replaces 80100)   DRUG SCREEN JULITATEMULTI W CHROWATOCRDURE (Replaces 80100)   DRUG SCREEN JULITATEMULTI W CHROWATOCRAPHY (Replaces 80100)   DRUG SCREEN JULITATEMULT W CHROWATOCRAPHY (Replaces 80100)   DRUG SCREEN JULITATEMULT W CHROWATOCRAPHY (Replaces 80100)   DRUG SCREEN JULITATEMULT RROYCLIC AND OTHER CYCLICALS; 6 OR MORE   URINALYSIS, AUTO W/OSCOPE"   URINAL YSIS, A	80162	DIGOXIN	31.00
LEVETIRACETAM   LITHIUM	80164	VALPROIC ACID (DIPROPYLACETIC ACID)	30.00
LITHIUM	80177	LEVETIRACETAM	38.00
PHENOBARBITAL  DILANTIN - PHENYTOIN, TOTAL  PRIMIDONE-MYSOLINE (WIPHENOB)  SIROLIMUS(RAPAMUNE) BLOOD  TACROLIMUS  THOPHYLLINE  QUANTITATIVE ASSAY DRUG  DRUG SCREEN, QUALITATE/MULTI W confirmation (Replaces 80100)  DRUG SCREEN NOT CHERWISE SPECIFIED (Replaces 80100)  DRUG SCREEN NAIL TICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN NAIL TICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN NAIL TICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN NAIL STATUS (REPLACED AND OTHER CYCLICALS 1 OR 2  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 1 OR 2  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 6 OR MORE  URINALYSIS, AUTO, W/O SCOPE*	80178	LITHIUM	31.00
DILANTIN - PHENYTOIN, TOTAL   PRIMIDONE - MYSOLINE (WIPHENOB)   STROCLIMUS(RAPAMUNE) BLOOD   TACROLIMUS(RAPAMUNE) BLOOD   DRUG SCREEN GUALITATE/MULTI w/ confirmation (Replaces 80100)   DRUG SCREEN SINGLE BRUG EACH PROCEDURE (Replaces 80100)   DRUG SCREEN SINGLE BRUG EACH PROCEDURE (Replaces 80100)   DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100)   DRUG SCREEN NOT OTHER CYCLICALS; 6 OR MORE   URINALYSIS, AUTO, W/SCOPE"     URINALYSIS, AUTO, W/SCOPE"     URINALYSIS, AUTO, W/SCOPE (P&G)     URINALYSIS,	80184	PHENOBARBITAL	39.00
PRIMIDONE-MYSOLINE (WIPHENOB)  SIROLIMUS(RAPAMUNE) BLOOD  THOROLIMUS  THACPOLIMUS  THECPHYLLINE  QUANTITATIVE ASSAY DRUG  DRUG SCREEN, QUALITATE/MULTI w/ confirmation (Replaces 80100)  DRUG SCREEN SINGLE DRUG EACH PROCEDURE (Replaces 80100)  DRUG SCREEN SINGLE DRUG EACH PROCEDURE (Replaces 80100)  DRUG SCREEN NOT CITCHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN NOT CHERWISE SPECIFIED (Replaces 80100)  DRUG SCREEN NOT CHERWISE (SCTR)  ANTIDEPRESSANTS. TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE  URINALYSIS NONAUTO W/O SCOPE'  URINALYSIS, AUTO, W/O S	80185	DILANTIN - PHENYTOIN, TOTAL	32.00
SIROLIMUS(RAPAMUNE) BLOOD TAGROLIMUS THOOPYTLLINE QUANTITATIVE ASSAY DRUG DRUG SCREEN, QUALITATEMULTI w/ confirmation (Replaces 80100) DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100) DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100) DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100) DRUG SCREEN NOTO THERWISE SPECIFIED (Replaces 80100) DRUG SCREEN NOTO WINO SCOPE (P&G) URINALYSIS, AUTO WINO SCOPE (P	80188	PRIMIDONE- MYSOLINE (W/PHENOB)	41.00
TACROLIMUS  THEOPHYLLINE  QUANTITIATIVE ASSAY DRUG  DRUG SCREEN, QUALITATEMULTI w/ confirmation (Replaces 80100)  DRUG SCREEN QUALITATEMULTI w/ confirmation (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100)  DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100)  DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100)  DRUG SCREEN AND OTHERWISE SPECIFIED (Replaces 80100)  DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100)  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE  URINALYSIS, AUTO W/O SCOPE"  URINALYSIS, AUTO W/O SCOPE	80195	SIROLIMUS(RAPAMUNE) BLOOD	49.00
THEOPHYLLINE  QUANTITATIVE ASSAY DRUG  DRUG SCREEN QUALITATEMULT IW confirmation (Replaces 80100)  DRUG SCREEN QUALITATEMULT IW confirmation (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN SINGLE BRUG EACH PROCEDURE (Replaces 80100)  DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100)  DRUG SCREEN TO THERWISE SPECIFIED (Replaces 80100)  DRUG SCREEN TO THIN TO THE CYCLICALS, 6 OR MORE  ALCOHOL - BLOOD (ETHANOL)  ALCHA-1-ANTITRYPSIN, TOTAL"  ALPHA-1-ANTITRYPSIN, PHENOTYPE	80197	TACROLIMUS	82.00
OUANTITATIVE ASSAY DRUG  DRUG SCREEN, QUALITATIVE ASSAY DRUG  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)  DRUG SCREEN SINGLE DRUG EACH PROCEDURE (Replaces 80100)  DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100)  DRUG SCREEN OF USE OF SPECIFIED (Replaces SPECIFIED (Replaces SPECIFIED (Replaces SPECIFIED (RE	80198	THEOPHYLLINE	38.00
DRUG SCREEN, QUALITATE/MULTI w/ confirmation (Replaces 80100) DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100) DRUG SCREEN SINGLE DRUG EACH PROCEDURE (Replaces 80100) DRUG SCREEN NIGLE DRUG EACH PROCEDURE (Replaces 80100) DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100) DRUG SCREEN ALCOHOL (Replaces 80101) ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 1 OR 2 ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE URINALYSIS, AUTO W/SCOPE" URINALYSIS, AUTO W/SCOPE (P&G) URINALYSIS, AUTO W/S	80299	QUANTITATIVE ASSAY DRUG	137.00
DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100) DRUG SCREEN SINGLE DRUG EACH PROCEDURE (Replaces 80100) DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100) DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100) DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100) DRUG SCREEN - ALCOHOL (Replaces 80100) DRUG SCREEN - ALCOHOL (Replaces 80100) ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS, 6 OR MORE ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS, 6 OR MORE URINALYSIS, AUTO W/SCOPE" URINALYSIS, AUTO W/SCOPE (P&G) URINALYSIS, AUTO, W/O SCOPE (P&G) URINALYSIS, AUTO, W/O SCOPE (PRG) URINALYSIS, AUTO, W/	80300	DRUG SCREEN, QUALITATE/MULTI w/ confirmation (Replaces 80100)	50.00
DRUG SCREEN SINGLE DRUG EACH PROCEDURE (Replaces 80100)  DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100)  DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100)  DRUG SCREEN ALCOHOL (Replaces 80101)  DRUG SCREEN - ALCOHOL (Replaces 80101)  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 3-5  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE  URINALYSIS, AUTO W/SCOPE"  URINALYSIS, AUTO W/SCOPE"  URINALYSIS, AUTO, W/O SCOPE (P&G)  URINALYSIS, AUTO, W/O SCOPE (P&G)  URINALYSIS, AUTO, W/O SCOPE (P&G)  URINALYSIS, AUTO, W/O SCOPE"  URINALYSIS, AUTO, W/O SCOPE (P&G)  URINALYSIS, AUTO, W/O SCOPE"  URINALYSIS, AUTO, W/O S. AUTO, W/O S. AUTO, AUTO, AUTO, AUTO, AUTO, AUTO, AUTO, AUTO	80301	DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)	50.00
DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100) DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100) DRUG SCREEN - ALCOHOL (Replaces 80101) DRUG SCREEN - ALCOHOL (Replaces 80101) ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE URINALYSIS, AUTO WIO SCOPE" URINALYSIS, AUTO WIO SCOPE URINALYSI	80302	DRUG SCREEN SINGLE DRUG EACH PROCEDURE (Replaces 80100)	50.00
DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100)  DRUG SCREEN - ALCOHOL (Replaces 80101)  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 1-OR 2  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE  URINALYSIS, AUTO WISCOPE"  URINALYSIS, AUTO WISCOPE"  URINALYSIS, AUTO, WIO SCOPE (P&G)  URINALYSIS, AUTO, WIO SCOPE (P&G)  URINALYSIS, AUTO, WIO SCOPE (PAG)  URINALYSIS, AUTO, WIO SCOPE  URINALYSIS, AUTO, AUT	80303	DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100)	50.00
DRUG SCREEN - ALCOHOL (Replaces 80101)  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 1 OR 2  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 3-5  ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE URINALYSIS, AUTO W/SCOPE"  URINALYSIS, AUTO W/SCOPE (P&G) URINALYSIS, AUTO W/O SCOPE (P&G) URINALYSIS, AUTO, W/O SCOPE (P&G) URINALYSIS, AUTO, W/O SCOPE (P&G) URINALYSIS, AUTO, W/O SCOPE"  OYSTIC FIBROSIS GENE ANALYSIS (CFTR) Prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis  H.A. Class I typing, low resolution (eg, antigen equivalent (eg, 8*27), each for Inflammatory Diseases, Cirrhosis , arthritis and inflammatory bowel response  ACTH  ALBUMIN  MICROALBUMIN / CREAT RATION - RANDOM URINE  ALCOHOL - BLOOD (ETHANOL)  ALCOHOL - BREATH ETHANOL  ALCOHOL - BREATH ETHANOL  ALDOLASE  ALDOLASE  ALDHA-1-ANTITRYPSIN, PHENOTYPE  ALPHA-1-ANTITRYPSIN, PHENOTYPE  ALPHA-1-ANTITRYPSIN, PHENOTYPE  ALPHA-FETOPROTEIN, SERUM"	80304	DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100)	50.00
ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 1 OR 2 ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 3-5 ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE URINALYSIS, AUTO W/SCOPE" URINALYSIS, AUTO W/SCOPE" URINALYSIS, AUTO, W/O SCOPE (P&G) URINALYSIS, AUTO, W/O SCOPE" URINALYSIS, AUTO, W/O SCOPE" CYSTIC FIBROSIS GENE ANALYSIS (CFTR) Prothrombin, coagulation factor II) (eg, antigen equivalents); one antigen equivalent (eg, B*27), each for Inflammatory Diseases, Cirrhosis, arthritis and inflammatory bowel response ACTH ALBUMIN MICROALBUMIN / CREAT RATION - RANDOM URINE ALCOHOL - BLOOD (ETHANOL) ALCOHOL - BLOOD (ETHANOL) ALCOHOL - BEATH ETHANOL ALCHOLASE ALCHOLASE ALCHOLASE ALCHOLASE ALCHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, SERUM"	80320	DRUG SCREEN - ALCOHOL (Replaces 80101)	73.00
ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS, 6 OR MORE ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE URINALYSIS, AUTO W/SCOPE" URINALYSIS NONAUTO W/O SCOPE (P&G) URINALYSIS, AUTO, W/O SCOPE" URINALYSIS, OUTO, W/O SCOPE" URINALYSIS, AUTO, W/O SCOPE" URINALYSIS, AUTO, W/O SCOPE" URINALYSIS, AUTO, W/O SCOPE" URINALYSIS, AUTO, W/O SCOPE CYSTIC FIBROSIS GENE ANALYSIS (CFTR) Prothrombin, coagulation factor II) (eg, antigen equivalents); one antigen equivalent (eg, B*27), each for Inflammatory Diseases, Cirrhosis, arthritis and inflammatory bowel response ACTH ALBUMIN MICROALBUMIN / CREAT RATION - RANDOM URINE ALCOHOL - BLOOD (ETHANOL) ALCOHOL - BREATH ETHANOL ALCOHOL - SREATH STRONE ALDOSTERONE ALDOSTERONE ALDOSTERONE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, PHENOTYPE	80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 1 OR 2	40.00
ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE URINALYSIS, AUTO W/SCOPE" URINALYSIS NONAUTO W/O SCOPE (P&G) URINALYSIS, AUTO, W/O SCOPE" URINALYSIS, AUTO, W/O SCOPE" URINALYSIS, AUTO, W/O SCOPE" URINALYSIS, AUTO, W/O SCOPE" URINE PREGNANCY TEST CYSTIC FIBROSIS GENE ANALYSIS (CFTR) Prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each for Inflammatory Diseases, Cirrhosis, arthritis and inflammatory bowel response ACTH ALBUMIN MICROALBUMIN / CREAT RATION - RANDOM URINE ALCOHOL - BLOOD (ETHANOL) ALCOHOL - BREATH ETHANOL ALCOHOL - BREATH ETHANOL ALCOHOL - BREATH ETHANOL ALCOHOL - BREATH ETHANOL ALCOHOL - SECONO (ETHANOL) ALCOHOL - SECONO (ETHANOL) ALCOHOL - BREATH ETHANOL ALCOHOL - SECONO (ETHANOL)	80336	ALS	40.00
URINALYSIS, AUTO W/SCOPE"  URINALYSIS NONAUTO W/O SCOPE (P&G)  URINALYSIS NONAUTO W/O SCOPE (P&G)  URINALYSIS, AUTO, W/O SCOPE"  URINALYSIS, AUTO, W/O SCOPE"  URINE PREGNANCY TEST  CYSTIC FIBROSIS GENE ANALYSIS (CFTR)  Prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis  HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each for Inflammatory Diseases, Cirrhosis, arthritis and inflammatory bowel response  ACTH  ALEUMIN  MICROALBUMIN / CREAT RATION - RANDOM URINE  ALCOHOL - BREATH ETHANOL  ALCOHOL - BREATH ETHANOL  ALDOSTERONE  ALDOSTERONE  ALDOSTERONE  ALPHA-1-ANTITRYPSIN, TOTAL"  ALPHA-1-ANTITRYPSIN, PHENOTYPE  ALPHA-1-ANTITRYPSIN, PHENOTYPE	80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE	40.00
URINALYSIS NONAUTO W/O SCOPE (P&G) URINALYSIS, AUTO, W/O SCOPE" URINALYSIS, AUTO, W/O SCOPE" URINE PREGNANCY TEST CYSTIC FIBROSIS GENE ANALYSIS (CFTR) Prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each for Inflammatory Diseases, Cirrhosis, arthritis and inflammatory bowel response ACTH ALBUMIN MICROALBUMIN / CREAT RATION - RANDOM URINE ALCOHOL - BLOOD (ETHANOL) ALCOHOL - BREATH ETHANOL ALDOLASE ALDOLASE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ETOPROTEIN, SERUM"	81001	URINALYSIS, AUTO W/SCOPE"	22.00
URINALYSIS, AUTO, W/O SCOPE"  URINE PREGNANCY TEST  CYSTIC FIBROSIS GENE ANALYSIS (CFTR)  Prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis  HLA class I typing, low resolution (eg, antigen equivalents); one antigen equivalent  HLA class I typing, low resolution (eg, antigen equivalents); one antigen equivalent  (eg, B*27), each for Inflammatory Diseases, Cirrhosis, arthritis and inflammatory  bowel response  ACTH  ALBUMIN  MICROALBUMIN / CREAT RATION - RANDOM URINE  ALCOHOL - BLOOD (ETHANOL)  ALCOHOL - BREATH ETHANOL  ALCOHOL - BREATH ETHANOL  ALDOSTERONE  ALPHA-1-ANTITRYPSIN, TOTAL"  ALPHA-1-ANTITRYPSIN, PHENOTYPE  ALPHA-1-ANTITRYPSIN, PHENOTYPE	81002	URINALYSIS NONAUTO W/O SCOPE (P&G)	16.00
URINE PREGNANCY TEST  CYSTIC FIBROSIS GENE ANALYSIS (CFTR)  Prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis  HLA class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each for Inflammatory Diseases, Cirrhosis, arthritis and inflammatory bowel response  ACTH  ALBUMIN  MICROALBUMIN / CREAT RATION - RANDOM URINE  ALCOHOL - BLOOD (ETHANOL)  ALCOHOL - BREATH ETHANOL  ALCOHOL - BREATH ETHANOL  ALDOSTERONE  ALPHA-1-ANTITRYPSIN, TOTAL"  ALPHA-1-ANTITRYPSIN, PHENOTYPE  ALPHA-1-ANTITRYPSIN, PHENOTYPE	81003	URINALYSIS, AUTO, W/O SCOPE"	17.00
CYSTIC FIBROSIS GENE ANALYSIS (CFTR)  Prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each for Inflammatory Diseases, Cirrhosis, arthritis and inflammatory bowel response ACTH ALBUMIN MICROALBUMIN / CREAT RATION - RANDOM URINE ALCOHOL - BLOOD (ETHANOL) ALCOHOL - BREATH ETHANOL ALCOHOL - BREATH ETHANOL ALDOSTERONE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ETOPROTEIN, SERUM"	81025	URINE PREGNANCY TEST	19.00
Prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis  HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each for Inflammatory Diseases, Cirrhosis, arthritis and inflammatory bowel response  ACTH  ALBUMIN  MICROALBUMIN / CREAT RATION - RANDOM URINE  ALCOHOL - BLOOD (ETHANOL)  ALCOHOL - BREATH ETHANOL  ALCOHOL - BREATH ETHANOL  ALDOLASE  ALDOLASE  ALPHA-1-ANTITRYPSIN, TOTAL"  ALPHA-1-ANTITRYPSIN, PHENOTYPE  ALPHA-1-ANTITRYPSIN, PRENOTYPE	81220	CYSTIC FIBROSIS GENE ANALYSIS (CFTR)	130.00
HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each for Inflammatory Diseases, Cirrhosis , arthritis and inflammatory bowel response  ACTH ALBUMIN MICROALBUMIN / CREAT RATION - RANDOM URINE ALCOHOL - BREATH ETHANOL ALCOHOL - BREATH ETHANOL ALCOHOL- BREATH ETHANOL ALCOHOL- BREATH ETHANOL ALPOASTERONE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, SERUM"	81240	Prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis	110.00
(eg, 8*27), each for Inflammatory Diseases, Cirrhosis , arthritis and inflammatory bowel response  ACTH ALBUMIN MICROALBUMIN / CREAT RATION - RANDOM URINE ALCOHOL - BREATH ETHANOL) ALCOHOL- BREATH ETHANOL ALCOHOL- BREATH ETHANOL ALDOLASE ALDOLASE ALDOLASE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, SERUM"		HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent	
bowel response  ACTH  ALBUMIN  MICROALBUMIN / CREAT RATION - RANDOM URINE  ALCOHOL - BLOOD (ETHANOL)  ALCOHOL - BREATH ETHANOL  ALDOLASE  ALDOLASE  ALPA-1-ANTITRYPSIN, TOTAL"  ALPHA-1-ANTITRYPSIN, PHENOTYPE  ALPHA-1-ANTITRYPSIN, SERUM"	81374	(eg, B*27), each for Inflammatory Diseases, Cirrhosis, arthritis and inflammatory	
ACTH ALBUMIN MICROALBUMIN / CREAT RATION - RANDOM URINE ALCOHOL - BLOOD (ETHANOL) ALCOHOL- BREATH ETHANOL ALDOLASE ALDOLASE ALDOSTERONE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, SERUM"		bowel response	42.00
ALEDUMIN / CREAT RATION - RANDOM URINE ALCOHOL - BLOOD (ETHANOL) ALCOHOL- BREATH ETHANOL ALDOLASE ALDOLASE ALDOSTERONE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, SERUM"	82024	АСТН	50.00
MICROALBUMIN / CREAT RATION - RANDOM URINE ALCOHOL - BLOOD (ETHANOL) ALCOHOL- BREATH ETHANOL ALDOLASE ALDOSTERONE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, SERUM"	82040	ALBUMIN	29.00
ALCOHOL - BLOOD (ETHANOL) ALCOHOL- BREATH ETHANOL ALDOLASE ALDOSTERONE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ETOPROTEIN, SERUM"	82043	MICROALBUMIN / CREAT RATION - RANDOM URINE	34.00
ALCOHOL- BREATH ETHANOL ALDOLASE ALDOSTERONE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-1-ANTITRYPSIN, SERUM"	82055	ALCOHOL - BLOOD (ETHANOL)	40.00
ALDOLASE ALDOSTERONE ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-FETOPROTEIN, SERUM"	82075	ALCOHOL- BREATH ETHANOL	50.00
ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-FETOPROTEIN, SERUM"	82085	ALDOLASE	28.00
ALPHA-1-ANTITRYPSIN, TOTAL" ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-FETOPROTEIN, SERUM"	82088	ALDOSTERONE	45.00
ALPHA-1-ANTITRYPSIN, PHENOTYPE ALPHA-FETOPROTEIN, SERUM"	82103	ALPHA-1-ANTITRYPSIN, TOTAL"	32.00
ALPHA-FETOPROTEIN, SERUM"	82104	ALPHA-1-ANTITRYPSIN, PHENOTYPE	45.00
	82105	ALPHA-FETOPROTEIN, SERUM"	30.00

82131	AMINO ACIDS, SINGLE QUANT"	45.00	
82140	AMMONIA	38.00	
82150	AMYLASE	30.00	
82157	ANDROSTENEDIONE	46.00	
82164	ANGIOTENSIN I ENZYME TEST	31.00	
82175	ARSENIC	60.00	
82232	BETA-2 MICROGLOBULIN SERUM	41.00	
82239	BILE ACIDS, TOTAL	37.00	
82247	BILIRUBIN, TOTAL"	29.00	
82270	FECAL OCCULT BLOOD	25.00	
82248	BILIRUBIN, DIRECT"	29.00	
82274	FECAL OCCULT BLOOD, IMMUNOASSAY	50.00	
82306	VITAMIN D	40.00	
82308	CALCITONIN, SERUM	40.00	
82310	CALCIUM	29.00	
82330	CALCIUM- ionized	30.00	
82340	CALCIUM IN URINE	31.00	
82374	CARBON DIOXIDE-BLOOD	36.00	
82375	CARBON MONOXIDE-BLOOD	38.00	
82378	CEA-CARCINOEMBRYONIC ANTIGEN	33.00	
82380	CAROTENE, BETA	37.00	
82384	THREE CATECHOLAMINES	54.00	
82390	CERULOPLASMIN	32,00	
82435	CHLORIDE-BLOOD	29.00	
82436	CHLORIDE- URINE	29.00	
82465	CHOLESTEROL-BLD/SERUM	29.00	
82491	CHROMOTOGRAPHY, QUANT, SING"	125.00	
82495	CHROMIUM	50.00	
82542	LAMOTRIGINE (LAMICTAL) SERUM	58.00	
82507	CITRATE - urine 24 hour	45.00	
82523	COLLAGEN CROSSLINKS	125.00	
82530	CORTISOL, FREE - URINE 24 HOUR	37.00	
82533	CORTISOL- TOTAL	31.00	
82550	CPK TOTAL	25.00	
82552	CPK ISOENZYMES	34.00	
82553	CPK, MB FRACTION"	114.00	
82565	CREATININE	25.00	
82570	CREATININE- URINE 24 HOUR/RANDOM	30.00	
82575	CREATININE CLEARANCE TEST	31.00	
82595	CRYOGLOBULIN- semiquant, REFLEX	29,00	
82607	VITAMIN B-12	30.00	
82627	DEHYDROEPIANDROSTERONE- DHEAS	37.00	
82652	CALCITRIOL	38.00	
82668	ERYTHROPOIETIN	32.00	
82670			

82672	ESTROGEN	45.00
82677	ESTRIOL	41.00
82679	ESTRONE, SERUM	44.00
82705	FATS/LIPIDS, FECES, QUAL"	34.00
82710	FECAL FATS, QUANTITATIVE	41.00
82728	FERRITIN	26.00
82731	FETAL FIBRONECTIN	192.00
82746	FOLIC ACID SERUM	30.00
82784	GAMMAGLOBULIN IgA, IgD, IgG, IgM, each	30.00
82785	GAMMAGLOBULIN IGE	32.00
82941	GASTRIN, SERUM	35.00
82947	GLUCOSE, BLOOD QUANT"	18.00
82950	O'SULLIVAN GLUCOSE TEST	28.00
82951	GLUCOSE TOLERANCE TEST (GTT) 2HR	54.00
82952	GLUCOSE TOLERANCE TEST -ADDITIONAL specimen	11.00
82952	GTT-ADDED SAMPLES	11.00
82955	G6PD ENZYME- QUANT	35.00
82977	GGT	29.00
82985	GLYCATED PROTEIN	44.00
83001	FSH- GONADOTROPIN (FSH)	32.00
83002	LH - GONADOTROPIN (LH)	35.00
83010	HAPTOGLOBIN, QUANT"	34.00
83018	HEAVY METAL LEVEL	95.00
83020	SICKLE CELL TO STATE LAB	0.00
83021	HEMOGLOBIN CHROMOTOGRAPHY	86.00
83036	A1C Hgb - GLYCOSYLATED HEMOGLOBIN TEST	29.00
83090	HOMOCYSTINE	57.00
83497	HIAA Hydroxyindolacetic acid, 5 Qualitative	\$16/03
83498	HYDROXY-PROGESTERONE, 17-d alpha	45.00
83516	IMMUNOASSAY NONANTIBODY	100.00
83520	IMMUNOASSAY RIA	100.00
83525	INSULIN	30.00
83527	INSULIN-FREE	33.00
83540	IRON	25.00
83550	IRON BINDING TEST	10.00
83615	LACTATE (LD) (LDH) ENZYME	29.00
83655	LEAD (adult)	29.00
83690	LIPASE	30.00
83695	LIPOPROTEIN(A)	36.00
83701	ELECTROPHORETIC SEP & QUANT WITH HR REFRACTION	45.00
83704	LIPOPROTEIN PARTICLES-QUANTITATION	75.00
83718	HDL- DIRECT LIPOPROTEIN	25.00
83721	LDL DIRECT - LIPOPROTEIN	29.00
83735	MAGNESIUM	25.00
83825	MERCURY	54.00

	MYOGLOBIN- URINE OR SERUM QUANT RNP. T.TVPE NATRII IRETIC PEDTIDE	39.00	
	RND. T.TVDE NATRII IRETIC DEDTINE		
		68.00	
	NEPHELOMETRY NOT SPEC	40.00	
	MOLECULE ISOLATE NUCLEIC	35.00	
	MOLECULE GEL ELECTROPHOR	26.00	
	MOLECULE NUCLEIC AMPLI, EACH"	26.00	
_	MOLECULE NUCLEIC AMPLI 2 SEQ	30.00	
	MOLECULE NUCLEIC AMPLI ADDON	26.00	
	SEPARATION+ID BY HIGH RESOLUTION	15.00	
	GENETIC EXAMINATION	26.00	
	MUTATION ID OLA/SBCE/ASPE	26.00	
	ORGANIC ACID, SINGLE, QUANT"	125.00	
_	OSMOLALITY- BLOOD	31.00	
	OSMOLALITY- URINE	31.00	
	OXALATE -24 HR URINE	36.00	
	PTH- PARATHYROID HORMONE-INTACT	31.00	
	BODY FLUID ACIDITY Nitrazine paper	9.00	
	PROSTATE ACID PHOSPHATASE	32.00	
	ALKALINE PHOSPHATASE	29.00	
	PHOSPHORUS- INORGANIC -SERUM	24.00	
	PHOSPHORUS- INORGANIC - URINE	29.00	
	POTASSIUM- SERUM	29.00	
	POTASSIUM- URINE	31.00	
	PREALBUMIN	33.00	
ļ	PROGESTERONE	35.00	
_	PROLACTIN	33.00	
	PSA, TOTAL	30.00	
	PSA, FREE	33.00	
_	PROTEIN - TOTAL/REFLECT SERUM	24.00	
	PROTEIN, URINE RANDOM or 24 hour	29.00	
	PROTEIN ELEC-PHORESIS, SERUM QUANT	30.00	
-	PROTEIN ELEC-PHORESIS/URINE/CSF	34.00	
	VIT B6 - PLASMA	49.00	
	RENIN	40.00	
1	SODIUM- SERUM	29.00	
-	SODIUM- URINE 24 HOUR	29.00	
	SOMATOMEDIN	40.00	
	TESTOSTERONE- FREE	52.00	
	TESTOSTERONE- TOTAL	32.00	
_	VITAMIN B-1 THIAMINE	42.00	
	T4- TOTAL THYROXINE	23.00	
	T4- FREE THYROXINE	27.00	
	TSH- THYROID STIM HORMONE	24.00	
84445 T	TSI-THYROID STIMULATING IMMUNG	77.00	

84450 84460 84466			-
	AST (SGOT) TRANSFERASE	29.00	
	ALT (SGPT) ALANINE AMINO	29.00	
	TRANSFERRIN	33.00	
84478	TRIGLYCERIDES	29.00	
84479	T3 or T4 UPTAKE or THBR	28.00	
	T3- TRIIODOTHYRONINE (T3)	32.00	
84481	T3-FREE ASSAY (FT-3)	34.00	
84482	T3- REVERSE	49.00	
84484	TROPONIN, QUANT"	110.00	
84520	BUN -UREA NITROGEN	29.00	
84540	UREA NITROGEN -24 HR URINE	32.00	
84550	URIC ACID- BLOOD	25.00	
84560	URIC ACID- URINE	29.00	
84585	VMA- URINE 24 HOUR	37.00	
84590	VITAMIN A	40.00	
84591	Vitamin B7 - Biotin	125.00	
	VITK-1	200.00	
	ZINC	00000	
	C DEDTINE	30,00	
+		32.00	-
1	HCG- QUANT SERUM	34.00	
	HCG-QUAL SERUM	32.00	
	BLEEDING TIME TEST	40.00	
	WBC DIFFERENTIAL -AUTOMATED	27.00	
_	WBC DIFFERENTIAL- MANUAL bid smear	16.00	
	HEMATOCRIT	18.00	
	HEMOGLOBIN	18.00	
	CBC W/AUTO DIFF WBC	26.00	
	CBC COMPLETE (COMPONENT OF 80050)	24.00	
	RBC COUNT AUTOMATED	31.00	
	RETICULOCYTE COUNT AUTOMATED	29.00	
85048	WBC-COUNT - BLOOD (LEUKOCYTE) AUTOMATED	29.00	
	PLATELET COUNT AUTOMATED	29.00	
	BLOOD SMEAR INTERPRETATION	30.00	
	FACTOR V ACTIVITY	95.00	
_	FACTOR VIII ACTIVITY	95.00	
	FACTOR IX ACTIVITY	95.00	
	ANTITHROMBIN III TEST	51.00	
	ANTITHROMBIN III ANTIGEN TEST	43.00	
	PROTEIN C ANTIGEN	63.00	
85303 F	PROTEIN C ACTIVITY	54.00	
	PROTEIN S, TOTAL	61.00	
85306 F	PROTEIN S FREE	61.00	
_	ACTIVATED PROTEIN C (ACP) RESISTANCE	55.00	
85379 F	FIBRIN DEGRADATION, QUANT"	45.00	

SEGOTO   PICTURE PROTOR BULLED   SEGOTO	00.00
RUSSELL WIPER VENOM, DILUTED' SEDRATE, MONAUTOMATED' SEDRATE, MONAUTOMATED' SEDRATE, MONAUTOMATED' SEDRATE, MONAUTOMATED' SEDRATE, MONAUTOMATED' SICKLE CELL TEST-RBC REDUCTION-effex fraction. THROMBION TIME PLASIMA THROMBORD-RASTIN TIME, PARTIAL' THROMBORD-RASTIN TIME, PARTIAL' THROMBORD-RASTIN TIME, SUBSTITUTION ERA ALLERGEN SPECIFIC IGE, MULTIALLERGEN SCREEN ANA-ANTINUCLEAR ANTIBODIES, DIGG, IGM - Replaces 86142 ANTISTREPTOLYSIN O, TITER' C-REACTIVE PROTEIN BETA 2 GLYCOPROTEIN 1 ANTIBODIES, IGG, IGM - Replaces 86142 C-REACTIVE PROTEIN BETA 2 GLYCOPROTEIN 1 ANTIBODIES, IGG, IGM - Replaces 86142 C-REACTIVE PROTEIN COMPLEMENT, ANTIGEN' COMPLEMENT, ANTIGEN' COMPLEMENT, ANTIGEN' DINA ANTIBODY, SCREEN' FLUORESCENT ANTIBODY, SCREEN' CA 129- MANUAOASSAY TUMOR, CA 129- MANUAOASSAY TUMOR, CA 129- MANUAOASSAY TUMOR, MONO- HETROPHILE ANTIBODY NUCLEAR, ANTIBODY NUCLEAR, TOTAL COUNT CA 12- MUNDASSAY TUMOR, MONO- HETROPHILE ANTIBODY NUCLEAR, TOTAL COUNT C CALLS, TOTAL COUNT C CELLS, TOTAL COUNT C CELLS, TOTAL COUNT C CA HUMBINA T C CELLS, TOTAL COUNT T C CELLS, TOTAL COUNT T C FELLS, TOTAL COUN	nn'07
SED RATE, NONAUTOMATED SEDRATE (ESR) AUTOMATED SEDRATE (ESR) AUTOMATED SIGNATE (ESR) AUTOMATED SIGNATE (ESR) AUTOMATED SIGNATE (ESR) AUTOMATED SIGNATE (ESR) AUTOMATED THROMBOPLASIN TIME, PARTIAL" FITH THROMBOPLASTIN TIME, PARTIAL FITH SECRIFIC (JE QUANTITATIVE OR SEMIQUANTITATIVE (24 units) ALLERGEN SPECIFIC (JE MULTIALLERGEN SCREEN ALLERGEN SPECIFIC (JE QUANTITATIVE OR SEMIQUANTITATIVE (24 units) ALLERGEN SPECIFIC (JE MULTIALLERGEN SCREEN FITH STATEMATION OF THE OR DOUBLE STRAND OF ALLERGEN SPECIFIC (JE QUANTITATIVE (JE MULTIALLERGEN SCREEN CARDIOLIPIN ANTIGON, SANDE STRAND ONA ANTIBODY-NATIVE OR DOUBLE STRAND ONA ANTIBODY-SANT TUMOR, CA 129- MANUNOASSAY TUMOR, CA 129- MANUNO SSAY TUMOR, CA 129- MANUNO SSAY TUMOR, CA 129- MANUNO SSAY TUMOR, CA 129- MANUNOASSAY TUMOR, CA 129- MANUNO SSAY TUMOR, CA 129- MANUNO SSAY TUMOR, CA 129- MANUNOASSAY TUMOR, CA 120- MANUNOASSAY TUMOR, CA 120- MANUNOASSAY TUMOR, CA 120- MANUNOASSAY TUMOR, CA 120-	54.00
SECRATE (ESR) AUTOMATED  SIGKIE CELL ITST-REG REDUCTION-relex fraction, THROMBIN TIME PLASMA THROMBOPLASTIN TIME, PARTAL' THROMBOPLASTIN TIME, SUBSTITUTION EA ALLERGEN SPECIFIC IGE. MULTIALLERGEN SCREEN ALLERGEN SPECIFIC IGE. MULTIALLERGEN SCREEN ANN-ANTINOCLEAR ANTIBODIES-DIRECT ANTISTREPTOLY SIN O. TITER' C-REACTIVE PROTEIN HAS - CARDIAC CARBOILLIPIN ANTIBOD, each class COMPLEMENT. TOTAL (CHSO)' COMPLEMENT. TOTAL CHSO)' CAPSO SURGES STRAND DIVA ANTIBODY. SINGLE STRAND CA 729 - IMMUNOASSAY TUMOR. CA 129- MIMUNOASSAY TUMOR. CA 129- MIMUN	29.00
SICKLE CELL TEST-RBC REDUCTION-reflex fraction. THROMBION TIME PLASMA THROMBOPLASTIN TIME. PARTIAL' ANTISTEPTOL VSIN O, TITER' C-REACTIVE PROTEIN. HS - CARDIAC C-REACTIVE RAVITIGED. DIVAR ANTIBODY. RITER* C-C-CYCLIC CITRUIL. PEPTIDE C-C-CYCLIC CITRUIL. PEPTIDE DIVAR ANTIBODY. SINGLE STRAND DIVA ANTIBODY. SINGLE STRAND DIVA ANTIBODY. TIER* C-A T28- MINUNOSSAY TUMOR, C-A T28- MINU	29.00
THROMBIN TIME PLASMA THROMBOPLASTIN INHBITION THROMBOPLASTIN TIME, PARTIAL" THROMBOPLASTIN TIME, PARTIAL" THROMBOPLASTIN TIME, PARTIAL" THROMBOPLASTIN TIME, SUBSTITUTION EA ALLERGEN SPECIFIC IGE QUANTITATIVE OR SEMIQUANTITATIVE (24 units) ALLERGEN SPECIFIC IGE QUANTITATIVE OR SEMIQUANTITATIVE (25 units) ANN-ANTINGOLEN ANTIBODIES, IGG, IGM - Replaces 86142 CAREACTIVE PROTEIN HS - CARDIAC CARBOIOLIPIN ANTIBODI, each dass COMPLEMENT, TOTAL (CH60)* CCAPCACTOR COTRUL PEPTIDE AB DIVASE (DEOXYRIBONUCLEASE) ANTIBODY DIVA ANTIBODY. SINGLE STRAND DIVA ANTIBODY. SINGLE STRAND NUCLEAR ANTIGONY, TITER" CA MANIMONASSAY TUMOR, CA 77 29 -MANUNOSSAY TUMOR, CA 19-9. MANUNOSSAY TUMOR, CA 19-9. MANUNOSSAY TUMOR, MONO-THETEROPHIE ANTIBODIES QUALITATIVE IMMUNOFIX E-PHORSISURINEGSF INHIBIN A INTRIBUS CACTOR ANTIBODY T CELLS: TOTAL COUNTRATIO' MANUNFIX E-PHORSISURINEGSF INHIBIN A INTRIBUS FACTOR ANTIBODY T CELLS: TOTAL COUNTRATIO' MANUNFIX E-PHORSISURINEGSF INHIBIN A RA-RIELUMATON GOLD TEST TB INTERFERON GOLD TEST TB INTERFERON GOLD TEST TB INTERFERON GOLD SERVICOSY, QUANT RPR-STITER BLOOD SERVICOSY, QUANT	100.00
THRÖMBOPLASTIN INHIBITION PTT-TROMBOPLASTIN INHIBITION EA THROMBOPLASTIN TIME, SUBSTITUTION EA THROMBOPLASTIN TIME, SUBSTITUTION EA ALLERGEN SPECIFIC IGE. MULTIALLERGEN SCREEN ANA-STRINIUCLEAR ANTIBODIES-DIRECT ANTISTEPTOLYSIN, OTTER" C-REACTIVE PROTEIN, HS. CARDIAC CARDIAL PROTEIN, HS. CARDIAC CARDIAL PROTEIN, HS. CARDIAC CARDIAL PROTEIN, HS. CARDIAC CARDIAL MINIBODIES STRAND BETA 2 GLYCOPROTEIN 1 ANTIBODIES STRAND COMPLEMENT, TOTAL (CH50)" COMPLEMENT, SINGLE STRAND DIVA ANTIBODY, SINGLE STRAND DIVA ANTIBODY, STREET FLUORESCENT ANTIBODY, TITER" CA MAINOASSAY TUMOR, CA 722 - JIMMUNOASSAY TUMOR, CA 123- MAUNOASSAY TUMOR, CA 124- MAUNOASSAY TUMOR, MONO-HETEROPHILE ANTIBODIES-QUALITATIVE INHIBIN A INTRINSIC FACTOR ANTIBODY TOELLS, TOTAL COUNTRATIC" MANUNCHY E-PHORSISULRINE/GSF INHIBIN A INTRINSIC FACTOR ANTIBODY TOELLS, TOTAL COUNTRATIC" MINCHOSOMAL, ANTIBODY TOELLS, TOTAL COUNTRATIC" TIP INTERFERON GOLD TEST TIP INTERFERON GOLD TEST TIP INTERFERON GOLD SERVICEY, CUANTT TREPADERMAL TEST TREATER BLOOD SERVICEY, QUANTT TREPADERMAL TEST	44.00
PTT. THROMBOPLASTIN TIME, PARTIAL"  THROMBOPLASTIN TIME, SUBSTITUTION EA ALLERGEN SPECIFIC IGE QUANTITATIVE OR SEMIQUANTITATIVE (24 units) ALLERGEN SPECIFIC IGE QUANTITATIVE OR SEMICAL ANTISTEP OR THE PROTEIN HS - CARDIAC CARGOLILE PROTEIN HS - CARDIAC CREACTIVE PROTEIN HS - CARDIAC CARGOLILE ANTIGOD, each class COMPLEMENT, TOTAL (CH50)* COMPLEMENT, TOTAL COMPLEMENT, SERUM* INCRESCENT ANTIGODY, STREEN* CA IMMUNORSSAY TUMOR, CA 139- MMUNOASSAY TUMOR, INMUNOFIX E-PHORSISULRINE/CSF INMUNO	75.00
THROMBOPLASTIN TIME. SUBSTITUTION EA  ALLERGEN SPECIFIC IGE. QUANTITATIVE OR SEMIQUANTITATIVE OR TOTAL (CHEQ.)  CREACTIVE PROTEIN  CREACTIVE PROTEIN  CREACTIVE PROTEIN H3 - CARDIAC  CARDIOLIPIN ANTIGOD. each class  COMPLEMENT. TOTAL (CHSO).  COMPLEMENT. TOTAL (CHSO).  COMPLEMENT. TOTAL (CHSO).  COMPLEMENT. TOTAL (CHSO).  COMPLEMENT. TOTAL CHSO).  CA 27.29 -IMMUNOASSAY TUMOR.  CA 19-2 - MAMUNOASSAY TUMOR.  CA 19-2 - MANUNOASSAY TUMOR.  CA 19-2 - MAMUNOASSAY TUMOR.  CA 19-3 - MAMUNOASSAY TUMOR.  MANUNOFIX E-PHORESIS. SERUM*  MINIBINA  INTERFERON GOLD TAST  TE INTERFERON GOLD TAST  TE INTERFERON GOLD TEST  THEN INTERFERON GOLD TEST  RPR-TITER BLOOD SEROLOGO, CUMANT	28.00
ALLERGEN SPECIFIC IGE QUANTITATIVE OR SEMIQUANTITATIVE (24 units)  ALLERGEN SPECIFIC IGE. MULTIALLERGEN SCREEN  ANA ANTINCLEAR ANTIBODIES-DIRECT  ANTISTREATOLYSIN O. TITER'  C-REACTIVE PROTEIN I. ANTIBODIES, IGG, IGM · Replaces 86142  C-REACTIVE PROTEIN I. S. CARDIAC  C-CARDIOLIN ANTIBOD. cach class  COMPLEMENT. TOTAL (CH50)*  C-CC-CYCLIC CITRUL PEPTIDE AB  DIASE (DEDOXYRIBONUCLEASE) ANTIBODY  C-CYCLIC CITRUL PEPTIDE B  DIASE (DEDOXYRIBONUCLEASE) ANTIBODY  DIASE (DEDOXYRIBONUCLEASE) ANTIBODY  DIASE (DEDOXYRIBONUCLEASE) ANTIBODY  C-CYCLIC CITRUL PEPTIDE  DIASE (DEDOXYRIBONUCLEASE) ANTIBODY  C-CYCLIC CITRUL PEPTIDE  CA 125* - IMMUNOASSAY TUMOR,  INMININA CE-PHORESIS, SERUM*  INTRINSIC FACTOR ANTIBODY  T CELLS: TOTAL COUNT  COA I CDB, ABSOLUTE COUNTRATIO*  MICROSOMAL ANTIBODY  T BINTERFERON GOLD TEST  TBINTERFERON GOLD TEST  TRINTER BLOOD SEROLOGY, QUANT	
ALLERGEN SPECIFIC IgE. MULTIALLERGEN SCREEN ANA-ANTINUCLEAR ANTIBODIES-DIRECT CREACTIVE PROTEIN. BETA 2 GLYCOPROTEIN 1 ANTIBODIES, IGG, IGM - Replaces 86142 CREACTIVE PROTEIN. BETA 2 GLYCOPROTEIN 1 ANTIBODIES, IGG, IGM - Replaces 86142 CREACTIVE PROTEIN. BETA 2 GLYCOPROTEIN 1 ANTIBODIS. CREACTIVE PROTEIN. BETA 2 GLYCOPROTEIN 1 ANTIBODIS. COMPLEMENT. ANTIGEN. COMPLEMENT. ANTIGEN. COMPLEMENT. ANTIGEN. COMPLEMENT. ANTIGEN. COMPLEMENT. ANTIGEN. COMPLEMENT. OF BOUBLE STRAND DINA ANTIBODY. SINGLE STRAND DINA ANTIBODY. SINGLE STRAND DINA ANTIBODY. SINGLE STRAND NUCLEAR ANTIBODY. SCREEN' FLUORESCENT ANTIBODY. SCREEN' FLUORESCENT ANTIBODY. SCREEN' CA 129- MIMUNOASSAY TUMOR, CA 129- MIMUNOASSAY TUMOR, MOND. HETEROPHILE ANTIBODY CA 129- MIMUNOASSAY TUMOR, MOND. HETEROPHILE ANTIBODY T CELLS: TOTAL COUNT T RA-RHEUMATOID FACTOR, QUANT" TB. INTERFERON GOLD TEST TB. INTERFERON GOLD TEST TB. INTERFERON GOLD TEST TR. INTERFERON GOLD TEST TR. INTERFERON GOLD SEROLOGY, QUANTA	
ANA-ANTINUCLEAR ANTIBODIES-DIRECT ANA-ANTINUCLEAR ANTIBODIES-DIRECT CAREACTUVE PROTEIN BETA 2 CLYCOPROTEIN 1 ANTIBODIES, IGG, IGM · Replaces 86142 C-REACTIVE PROTEIN 4 ANTIBODICS, IGG, IGM · Replaces 86142 C-REACTIVE PROTEIN HS · CARDIAC C-CARDIOLIPIN ANTIBOD each class COMPLEMENT. ANTIGEN COMPLEMENT. ANTIGEN COMPLEMENT. ANTIGEN COMPLEMENT. PROTEIN HS · CARDIAC COMPLEMENT. ANTIGEN COMPLEMENT. ANTIGEN COMPLEMENT. ANTIGEN COMPLEMENT. ANTIGEN COP-CYCLIC CITRUL. PEPTIDE AB DINASE (DECXYRIBONUCLEASE) ANTIBODY COP-CYCLIC CITRUL. PEPTIDE AB DINASE (DECXYRIBONUCLEASE) ANTIBODY COP-CYCLIC CITRUL. PEPTIDE AB DINASE (DECXYRIBONUCLEASE) ANTIBODY COP-CYCLIC CITRUL. PEPTIDE AB DINASE (DECXYRIBONUCLEASE) ANTIBODY. STREEN FLUORESCENT ANTIBODY. STREEN CA 7.23 - MINIMODASSAY TUMOR, CA 125- MINIMODASSAY TUMOR, CA 125- MINIMODASSAY TUMOR, MINIMUNEIX E-PHORESIS, SERUM* IMMUNISIC FACTOR ANTIBODY T CELLS; TOTAL COUNT CDA 105- ANDIALITATIVE MINISTANDER ANTIBODY RABIES TITER - NEUTRALIZATION TEST, VIRAL RA - RHEUMATOID FACTOR, QUANT* TB. INTERFERON GOLD TEST RPR-TITER BLOOD SEROLOGY, QUANTA	
ANTISTREPTOLYSIN O, TITER"  C-REACTIVE PROTEIN BETA 2 GLYCOPROTEIN ANTIBODIES, IGG, IGM - Replaces 86142 C-REACTIVE PROTEIN H. S. CARDIAC CARDIOLIPIN ANTIBOD, each class COMPLEMENT, ANTIGEN" COMPLEMENT, ANTIGEN" COMPLEMENT, ANTIGEN" COMPLEMENT, ANTIGEN" COMPLEMENT, ANTIGEN" COMPLEMENT, ANTIGEN ANTIBODY DNA ANTIBODY. ANTINE OR DOUBLE STRAND DNA ANTIBODY. SINGLE STRAND* NUCLEAR ANTIBODY, SINGLE STRAND* NUCLEAR ANTIBODY, SINGLE STRAND* CA 19-9- MMUNOASSAY TUMOR, CA 19-9- MMUNOENCE CHONT INTRINSIC FACTOR ANTIBODY NUCLEAR ANTIBODY RABIES TITER - NEUTRALIZATION TEST, VIRAL COLUT COUNT COLUT COUNT COLUT COUNT COLUT COUNT TO BRABIES TITER - NEUTRALIZATION TEST, VIRAL TO BINTRADERMAL TEST THE INTERFERON GOLD SEROLOGY, QUANT	30.00
C-REACTIVE PROTEIN  BETA 2 GLYCOPROTEIN I ANTIBODIES, IGG, IGM - Replaces 86142  C-REACTIVE PROTEIN, HS - CARDIAC  C-REDICILPIN ANTIBOD - Sech class  COMPLEMENT, ANTIGEN"  COMPLEMENT, TOTAL (CH50)"  CCP-CYCLIC CITRUL PEPTIDE AB  DINASE (DEOXYRIBONUCLEASE) ANTIBODY  DINA ANTIBODY - NATIVE COR DOUBLE STRAND  DINA ANTIBODY - STRAND'  DINA ANTIBODY SCREEN'  FLUORESCENT ANTIBODY, STREAND'  NUCLEAR ANTIBODY, STREAND'  NUCLEAR ANTIBODY, STREAND'  CA 13-9- MAMUNOASSAY TUMOR,  CA 19-9- MAMUNOASSAY TUMOR,  MONO- HETEROPHILE ANTIBODY  T CELLS: TOTAL COUNT  COUNT  COUNT  COUNT  COUNT  COUNT  COUNT  COUNT  RABIES TITER - NEUTRON GUANT"  TP- INTERFERON GOLD TEST  TP- INTERFERON GOLD TEST  TR- INTERFERON GOLD TEST  RPR-TITER BLOOD SEROLOGY, QUANTIT	29.00
BETA 2 GLYCOPROTEIN 1 ANTIBODIES, IGG, IGM - Replaces 86142 C-REACTIVE PROTEIN, HS - CARDIAC CARDIOLIPIN ANTIGOD, each class COMPLEMENT, ANTIGEN COMPLEMENT, TOTAL (CH50)* CCP-CYCLIC CITRULPEPTIDE AB DNASE (DEOXYRIBONCLEASE) ANTIBODY DNA ANTIBODY. SINGLE STRAND DNA ANTIBODY. SINGLE STRAND DNA ANTIBODY. SINGLE STRAND NUCLEAR ANTIGEN ANTIBODY, TITER* FLUORESCENT ANTIBODY, TITER* CA 129- HMUNOASSAY TUMOR, CA 27-29- HMUNOASSAY TUMOR, CA 19- MMUNOFIX E-PHOREISI, SFRUM* IMMUNOFIX E-PHOREISI, SFRUM* IMMUNOFIX E-PHOREISI, SFRUM* CD4 / CD8 ABSOLUTE ANTIBODY RABIES TITER - NEUTRALIZATION TEST, VIRAL RA- RELUMATOID FACTOR, QUANT* TE INTERPERRON GOLD TEST THE INTRADERMAL TEST RPR- BLOOD SEROLOGY, QUANT*	30.00
C-REACTIVE PROTEIN, HS - CARDIAC  CARDIOLIPIN ANTIBOD, each class  COMPLEMENT, ANTIGEN  COMPLEMENT, TOTAL (CH50)*  CCP-CYCLIC CH100*  CCP-CYCLIC C	32.00
CARDIOLIPIN ANTIBOD, each class  COMPLEMENT, ANTIGEN"  COMPLEMENT, TOTICLE, CHS0,"  COMPLEMENT, TOTICLE AB  DIAGRANTIC CITRULPEPTIDE AB  DIAGRANTIBODY. SINGLE STRAND  DIAGRANTIGEN ANTIBODY-EXTRACTABLE  FLUORESCENT ANTIBODY, SCREEN"  FLUORESCENT ANTIBODY, SCREEN"  FLUORESCENT ANTIBODY, TITER"  CA 27.29 - IMMUNIOASSAY TUMOR,  CA 27.29 - IMMUNIOASSAY TUMOR,  CA 19-9 - MMUNIOASSAY TUMOR,  CA 19-9 - MMUNIOASSAY TUMOR,  CA 19-9 - MMUNIOASSAY TUMOR,  CA 19-5 - MMUNIOASSAY TUMOR,  CA 12-5 - MMUNIOASSAY TUMOR,  CA 19-5 - MMUNIOASSAY TUMOR,  MONO- HETEROPHILE ANTIBODIES-QUALITATIVE  IMMUNIOFIX E-PHORESIS, SERUM"  INTRINSIC FACTOR ANTIBODY  T CELLS; TOTAL COUNT  CD4 / CD8, ABSOLUTE COUNT/RATIO"  MICROSOMAL ANTIBODY  RABIES TITER - NEUTRALIZATION TEST, VIRAL  RA-RHEUMATOID FACTOR, QUANT;  TP: INTRADERMAL TEST  TR: INTRADERMAL TEST  TR: INTRADERMAL TEST  TR: INTRADERMAL TEST  RPR-TITER BLOOD SEROLOGY, QUANT	31.00
COMPLEMENT, ANTIGEN"  COMPLEMENT, TOTAL (CH50)"  CCP-CYCLIC CITRULPEPTIDE AB  DINASE (DEOXYRIBONUCLEASE) ANTIBODY  DINA ANTIBODY. SINGLE STRAND  DINA ANTIBODY. SINGLE STRAND  DINA ANTIBODY. SINGLE STRAND  NUCLEAR ANTIGEN ANTIBODY.EXTRACTABLE  FLUORESCENT ANTIBODY. TITER*  CA IMMUNOASSAY TUMOR,  CA 12- MUNOASSAY TUMOR,  CA 12- MUNOASSAY TUMOR,  CA 12- MUNOASSAY TUMOR,  MONO- HETEROPHILE ANTIBODIES-QUALITATIVE  IMMUNOFIX E-PHORESIS, SERUM*  IMMUNOFIX	37.00
COMPLEMENT, TOTAL (CH50)"  CCP-CYCLIC CITRULPEPTIDE AB  DINASE (DEOXYRIBONUCLEASE) ANTIBODY  DINA ANTIBODY. NATIVE OR DOUBLE STRAND  DINA ANTIBODY. SINGLE STRAND  INCLEAR ANTIGENANTIBODY-EXTRACTABLE  FLUORESCENT ANTIBODY. SCREEN"  FLUORESCENT ANTIBODY. TITER"  CA IMMUNOASSAY TUMOR,  CA 129- MMUNOASSAY TUMOR,  CA 129- MMUNOASSAY TUMOR,  CA 129- MMUNOASSAY TUMOR,  IMMUNOFIX E-PHORSIS, SERUM"  IMMUNOFIX E-PHORSIS, SERUM"  IMMUNOFIX E-PHORSIS, SERUMT  IMMUNOFIX E-PHORSIS, SERUMT  CD4 / CD8, ABSOLUTE COUNT  CD4 / CD8, ABSOLUTE COUNT/  CD4 / CD8, ABSOLUTE COUNT/  CD4 / CD8, ABSOLUTE COUNT/  T CELLS; TOTAL COUNT  CD4 / CD8, ABSOLUTE COUNT/  T CELLS; TOTAL COUNT  CD4 / CD8, ABSOLUTE COUNT/  T TELNTERFERON GOLD TEST  TELNTRADERMAL TEST  RPR-BLOOD SEROLOGY, QUANT  RPR-TITER BLOOD SEROLOGY, QUANT  RPR-TITER BLOOD SEROLOGY, QUANT  RPR-TITER BLOOD SEROLOGY, QUANT	33.00
CCP-CYCLIC CITRUL PEPTIDE AB DINASE (DEOXYRIBONUCLEASE) ANTIBODY DINASE (DEOXYRIBONUCLEASE) ANTIBODY DINA ANTIBODY. SINGLE STRAND DINA ANTIBODY. SINGLE STRAND DINA ANTIBODY. SINGLE STRAND INUCLEAR ANTIGEN ANTIBODY. SCREEN' FLUORESCENT ANTIBODY, SCREEN' FLUORESCENT ANTIBODY, SCREEN' CA 27 29-1MMUNOASSAY TUMOR, CA 27 22-1MMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, CA 125- MUNOASSAY TUMOR, CA 125- MUNOASSAY TUMOR, IMMUNOFIX E-PHORESIS, SERUM' INTRINSIC FACTOR ANTIBODY T CELLS; TOTAL COUNT CD4 1 COUNT T CELLS; TOTAL COUNT T CELLS; TOTAL COUNT T T CELLS; TOTAL COUNT T T CELLS; TOTAL COUNT T T SENTEMERON GOLD TEST T T BINTRADERMAL TEST RPR-RLOOD SEROLOGY, QUANT	31.00
DNASE (DEOXYRIBONUCLEASE) ANTIBODY DNA ANTIBODY- NATIVE OR DOUBLE STRAND DNA ANTIBODY. SINGLE STRAND DNA ANTIBODY. SINGLE STRAND  NUCLEAR ANTIGEN ANTIBODY-EXTRACTABLE FLUORESCENT ANTIBODY, SCREEN' FLUORESCENT ANTIBODY, TITER' CA 19-9- IMMUNOASSAY TUMOR, CA 27.29 -IMMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, IMMUNOFIX E-PHORESIS, SERUM'	45.00
DNA ANTIBODY- NATIVE OR DOUBLE STRAND DNA ANTIBODY. SINGLE STRAND" NUCLEAR ANTIBODY. STRAND" NUCLEAR ANTIBODY, SCREEN" FLUORESCENT ANTIBODY, TITER" CA IMMUNOASSAY TUMOR, CA 19-9- IMMUNOASSAY TUMOR, CA 19-9- IMMUNOASSAY TUMOR, CA 12-5- MUNOASSAY TUMOR, IMMUNOFIX E-PHORESIS, SERUM" IMMUNOFIX E-PHORESIS, SERUM" INHIBINA INTRINSIC FACTOR ANTIBODY T CELLS, TOTAL COUNT CD4 / CD8 ABSOLUTE COUNT/RATIO" MICROSOMAL ANTIBODY T CELLS, TOTAL COUNT RABIES TITER - NEUTRALIZATION TEST, VIRAL RABIES TITER - NEUTRALIZATION TEST TB INTERFERON GOLD TEST TB INTERACEMAL TEST TRB INTRADERMAL TEST RPR- BLOOD SEROLOGY, QUANT	42.00
DNA ANTIBODY, SINGLE STRAND'  NUCLEAR ANTIBODY, SCREEN' FLUORESCENT ANTIBODY, SCREEN' FLUORESCENT ANTIBODY, TITER' CA IMMUNOASSAY TUMOR, CA 19-9- IMMUNOASSAY TUMOR, CA 19-9- IMMUNOASSAY TUMOR, MONO- HETEROPHILE ANTIBODIES-QUALITATIVE IMMUNOFIX E-PHORESIS, SERUM' INHIBINA INTRINSIC FACTOR ANTIBODY T CELLS, TOTAL COUNT T CELLS, TOTAL COUNT RABIES SIGNAL TEST MICROSOMAL ANTIBODY T CELLS, TOTAL COUNT RABIES SIGNAL RABIES SIGNAL TOTAL COUNT RABIES SIGNAL TOTAL COUNT RABIES SIGNAL TOTAL COUNT RABIES SIGNAL THE NEUTRALIZATION TEST, VIRAL THE INTERFERON GOLD TEST THE INTERFERON GOLD TEST THE INTERACEMAL TEST RPR- BLOOD SEROLOGY, QUANT	32.00
MUCLEAR ANTIGEN ANTIBODY-EXTRACTABLE FLUORESCENT ANTIBODY, SCREEN" FLUORESCENT ANTIBODY, TITER" CA IMMUNOASSAY TUMOR, CA 72.29 -IMMUNOASSAY TUMOR, CA 19-9- MAUNOASSAY TUMOR, CA 19-9- MAUNOASSAY TUMOR, CA 125- MUNOASSAY TUMOR, MONO- HETEROPHILE ANTIBODIES-QUALITATIVE IMMUNOFIX E-PHORESIS, SERUM" IMMUNOFIX E-PHORESIS, SERUM" IMMUNOFIX E-PHORESIS, SERUM" IMMUNOFIX E-PHORESIS/URINE/CSF INTRINSIC FACTOR ANTIBODY T CELLS; TOTAL COUNT CD4 / CD8, ABSOLUTE COUNT/RATIO" MICROSOMAL ANTIBODY RABIES TITER - NEUTRALIZATION TEST, VIRAL RA-RHEUMATOID FACTOR, QUANT" TB- INTERFERON GOLD TEST TB- INTRADERMAL TEST RPR- BLOOD SEROLOGY, QUANT	45.00
FLUORESCENT ANTIBODY, SCREEN" FLUORESCENT ANTIBODY, TITER" CA IMMUNOASSAY TUMOR, CA 27.29 -IMMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, CA 12-9- MMUNOSSAY TUMOR, MONO- HETEROPHILE ANTIBODIES-QUALITATIVE IMMUNOFIX E-PHORESIS, SERUM* IMMUNOFIX E-PHORESIS, SERUM* IMMUNOFIX E-PHORESIS, SERUM* IMMUNOFIX E-PHORESIS, VIRAL INHIBIN A INTRINSIC FACTOR ANTIBODY T CELLS; TOTAL COUNT CD4 / CD8, ABSOLUTE COUNT/RATIO" MICROSOMAL ANTIBODY RABIES TITER - NEUTRALIZATION TEST, VIRAL RA-RHEUMATOID FACTOR, QUANT" TB- INTERFERON GOLD TEST TB- INTRADERMAL TEST TR- INTRADERMAL TEST RPRBLOOD SEROLOGY, QUANT	34.00
FLUORESCENT ANTIBODY, TITER"  CA IMMUNOASSAY TUMOR, CA 27.29 -IMMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, CA 12-9- MMUNOASSAY TUMOR, MONO- HETEROPHILE ANTIBODIES-QUALITATIVE IMMUNOFIX E-PHORESIS, SERUM* IMMUNOFIX E-PH	35.00
CA IMMUNOASSAY TUMOR, CA 27.29 -IMMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, CA 12-9- MMUNOASSAY TUMOR, CA 12-9- MUNOASSAY TUMOR, MONO- HETEROPHILE ANTIBODIES-QUALITATIVE IMMUNOFIX E-PHORESIS, SERUM* INTRIBIN A IMMUNOFIX E-PHORESIS, SERUM* IMMUNOF	35.00
CA 27.29 -IMMUNOASSAY TUMOR, CA 19-9- MMUNOASSAY TUMOR, CA 125- MUNOASSAY TUMOR, CA 125- MUNOASSAY TUMOR, MONO- HETEROPHILE ANTIBODIES-QUALITATIVE IMMUNOFIX E-PHORSIS/URINE/CSF IMMUNOFIX	38.00
CA 19-9- MMUNOASSAY TUMOR, CA 125- MUNOASSAY TUMOR, MONO- HETEROPHILE ANTIBODIES-QUALITATIVE IMMUNOFIX E-PHORSIS/URINE/CSF IMMUNOFIX E-PHORSIS/URINF IMMUNOFIX E-PHO	36.00
CA 125- MUNOASSAY TUMOR,  MONO- HETEROPHILE ANTIBODIES-QUALITATIVE  IMMUNOFIX E-PHORSIS/URINE/CSF  IMMUNOFIX E-PHORSIS/URINE	35.00
MONO- HETEROPHILE ANTIBODIES-QUALITATIVE  IMMUNOFIX E-PHORESIS, SERUM"  IMMUNOFIX E-PHORSIS/URINE/CSF  INHIBIN A  INTRINSIC FACTOR ANTIBODY  T CELLS, TOTAL COUNT  CD4 / CD8, ABSOLUTE COUNT/RATIO"  MICROSOMAL ANTIBODY  RABIES TITER - NEUTRALIZATION TEST, VIRAL  RA-RHEUMATOID FACTOR, QUANT"  TB- INTERFERON GOLD TEST  TB INTRADERMAL TEST  TB INTRADERMAL TEST  RPR- BLOOD SEROLOGY, QUANT	33.00
IMMUNOFIX E-PHORESIS, SERUM"  IMMUNFIX E-PHORSIS/URINE/CSF  INHIBIN A  INTRINSIC FACTOR ANTIBODY  T CELLS, TOTAL COUNT  CD4 / CD8, ABSOLUTE COUNT/RATIO"  MICROSOMAL ANTIBODY  RABIES TITER - NEUTRALIZATION TEST, VIRAL  RA-RHEUMATOID FACTOR, QUANT"  TB-INTERFERON GOLD TEST  TB-INTERFERON GOLD TEST  TB INTRADERMAL TEST  RPR- BLOOD SEROLOGY, QUANT  RPR- TITER BLOOD SEROLOGY, QUANT	33.00
INMUNEIX E-PHORSIS/URINE/CSF INHIBIN A INTRINSIC FACTOR ANTIBODY T CELLS; TOTAL COUNT CD4 / CD8, ABSOLUTE COUNT/RATIO" MICROSOMAL ANTIBODY RABIES TITER - NEUTRALIZATION TEST, VIRAL RA-RHEUMATOID FACTOR, QUANT" TB-INTERFERON GOLD TEST TB-INTRADERMAL TEST TB INTRADERMAL TEST RPR- BLOOD SEROLOGY, QUANT	27.00
INHIBIN A INTRINSIC FACTOR ANTIBODY  T CELLS; TOTAL COUNT CD4 / CD8, ABSOLUTE COUNT/RATIO" MICROSOMAL ANTIBODY RABIES TITER - NEUTRALIZATION TEST, VIRAL RA-RHEUMATOID FACTOR, QUANT" TB- INTERFERON GOLD TEST TB INTRADERMAL TEST TB INTRADERMAL TEST RPR- BLOOD SEROLOGY, QUANT	51.00
INTRINSIC FACTOR ANTIBODY  T CELLS; TOTAL COUNT CD4 / CD8, ABSOLUTE COUNT/RATIO" MICROSOMAL ANTIBODY RABIES TITER - NEUTRALIZATION TEST, VIRAL RA-RHEUMATOID FACTOR, QUANT" TB- INTERFERON GOLD TEST TB INTRADERMAL TEST TB INTRADERMAL TEST RPR- BLOOD SEROLOGY, QUANT	20.00
T CELLS, TOTAL COUNT  CD4 / CD8, ABSOLUTE COUNT/RATIO"  MICROSOMAL ANTIBODY  RABIES TITER - NEUTRALIZATION TEST, VIRAL  RA -RHEUMATOID FACTOR, QUANT"  TB- INTERFERON GOLD TEST  TB INTRADERMAL TEST  RPR- BLOOD SEROLOGY, QUANT  RPR- BLOOD SEROLOGY, QUANT	36.00
CD4 / CD8, ABSOLUTE COUNT/RATIO"  MICROSOMAL ANTIBODY  RABIES TITER - NEUTRALIZATION TEST, VIRAL  RA -RHEUMATOID FACTOR, QUANT"  TB- INTERFERON GOLD TEST  TB INTRADERMAL TEST  RRPR- BLOOD SEROLOGY, QUANT  RPR- BLOOD SEROLOGY, QUANT	35.00
MICROSOMAL ANTIBODY RABIES TITER - NEUTRALIZATION TEST, VIRAL RA -RHEUMATOID FACTOR, QUANT" TB- INTERFERON GOLD TEST TB INTRADERMAL TEST RPR- BLOOD SEROLOGY, QUALITATIVE" RPR- BLOOD SEROLOGY, QUANT	73.00
RABIES TITER - NEUTRALIZATION TEST, VIRAL RA - RHEUMATOID FACTOR, QUANT" TB- INTERFERON GOLD TEST TB INTRADERMAL TEST RPR- BLOOD SEROLOGY, QUANT	31.00
TB- INTERFERON GOLD TEST TB INTRADERMAL TEST TB INTRADERMAL TEST RPR- BLOOD SEROLOGY, QUANT	70.00
TB- INTERFERON GOLD TEST  TB INTRADERMAL TEST  RPR- BLOOD SEROLOGY, QUANT	30.00
TB INTRADERMAL TEST RPR- BLOOD SEROLOGY, QUALITATIVE" RPR-TITER BLOOD SEROLOGY, QUANT	00.69
RPR- BLOOD SEROLOGY, QUALITATIVE"  RPR-TITER BLOOD SEROLOGY, QUANT	21.00
RPR-TITER BLOOD SEROLOGY, QUANT	28.00
	30.00

	58.00 45.00 40.00 31.00 30.00 30.00 30.00 30.00 30.00
I LYME DISEASE IGM ANTIBODY  I CHAMANTIBODY IGM  CMV ANTIBODY IGM  EPSTEIN-BARR ANTIBODY-EBRA NUCLEAR AG  HERPES SIMPLEX TYPE 1 GG  HERPES SIMPLEX TYPE 2  HIV-1/HIV-2, SCREENING  HERPES SIMPLEX TYPE 2  HIV-1/HIV-2, SCREENING  HERPES SIMPLEX TYPE 1 GG  HERPES SIMPLEX TYPE 2  HIV-1/HIV-2, SCREENING  HERPES SIMPLEX TYPE 1 GG  HERPES SIMPLEX TYPE 2  HIV-1/HIV-2, SCREENING  HERPES SIMPLEX TYPE 1 GG  HERPES SIMPLEX TYPE 2  HIV-1/HIV-2, SCREENING  HERPES SIMPLEX TYPE 2  HIV-1/HIV-2, SCREENING  HERPES SIMPLEX TYPE 1 GG  HERPES SIMPLEX TYPE 2  HIV-1/HIV-2, SCREENING  HERPES SIMPLEX TYPE 2  HIV-1/HIV-2, SCREENING  HERPES SIMPLEX TYPE 3  HIV-1/HIV-2, SCREENING  HERPES SIMPLEX TYPE 1 GG  HERPES SIMPLEX TYPE 1 GG  HIV-1/HIV-2, SCREENING  THEP BE ANTIBODY, TITER 1 GG  TOXOPLESING COMPIRITER 1 GG  ANTIBODY SCREEN REG  COOMBS TEST, ORNERM  STOOL (FECES) CULTURE 1 GSIALL LAB  CULTURE, BACTERIA, OTHER  CULTURE, BACTERIA, OTHER	45.00 40.00 31.00 30.00 30.00 30.00 30.00 70.00
CHIAMTDIA IGN ANTIBODY CINIAMTORA IGNA CMV ANTIBOOY- IGG CMV ANTIBOOY- IGNA EPSTEIN-BARR ANTIBOOY-EA EARLY ANTIGEN EPSTEIN-BARR ANTIBOOY-EBLAN UNCIEAR AG EPSTEIN-BARR ANTIBOOY-EBLAN UNCIEAR AG EPSTEIN-BARR ANTIBOOY-EBLAN UNCIEAR AG EPSTEIN-BARR ANTIBOOY-EBLAN UNCIEAR AG HERPES SIMPLEX TYPE 2 HIVATHOY WE CONFIRMATORY HERPES SIMPLEX TYPE 2 HIVATHOY. SCREENING HERPES SIMPLEX TYPE 1 HICHAIN-CASTER ANTIBOOY. TOTAL' HERP B CORE ANTIBOOY. TOTAL' HERP ANTIBOOY. TOTAL' HERP ANTIBOOY. TOTAL' HERP ANTIBOOY. TOTAL' HERP ANTIBOOY TIER IGG RUBELLA ANTIBOOY TIER IGG RUBELLA ANTIBOOY TIER IGG RUBELLA ANTIBOOY TIER IGG TOXOPLASING GOONI IIGG ANTIBOOY TOXOPLASING GOONI IIGG ANTIBOOY TOXOPLASING GOONI IIGG ANTIBOOY TOXOPLASING GOONI IIGG ANTIBOOY THE CAB TEST. CONFIRM TEST ANTIBOOY SCREEN RBC ANTIBOOY SCREEN RBC GOONING ANTIBOOY THER IGG ANTIBOOY SCREEN RBC ANTIBOOY SCREEN RBC STOOL TYPING, ABO' BLOOO TYPING, ABO' BLOOO TYPING, ABO' BLOOO TYPING, ABO' BLOOO TYPING, RH LD' STOOL (FECES) CULTURE, BACTERIA, OTHER CULTURE, BACTERIA, OTHER	40.00         31.00         33.00         30.00         30.00         39.00         70.00
CMV ANTIBODY IGG  CMV ANTIBODY IGG  CMV ANTIBODY IGM  EPSTEIN-BARR ANTIBODY EA EARLY ANTIGEN  EPSTEIN-BARR ANTIBODY EBNA NUCLEAR AG  EPSTEIN-BARR ANTIBODY EBNA NUCLEAR AG  EPSTEIN-BARR ANTIBODY EBNA NUCLEAR AG  EPSTEIN-BARR ANTIBODY END  HERPES SIMPLEX TYPE 1 & 2 IGM  HERPES SIMPLEX TYPE 1 IGG  HERPES SIMPLEX TYPE 2  HIV-1/HIV-2. SCREENING  HEP B CORE ANTIBODY. TOTAL'  HEP B CORE ANTIBODY TOTAL'  HEP B ANTIBODY TOTAL'  HEP B ANTIBODY TOTAL'  HEP B ANTIBODY TOTAL'  HEP B ANTIBODY TITER IGG  RUBECIA ANTIBODY. TITER IGG  TOXOPLASMA GONDII IGG ANTIBODY  TO-PARYOWRUS ANTIBODY TITER IGG  TOXOPLASMA GONDII IGG ANTIBODY  TH-PASTER ANTIBODY TITER IGG  TOXOPLASMA GONDII IGG ANTIBODY  TH-PROGLOBULIN ANTIBODY  TH-PROGLOBULIN ANTIBODY  TH-PROGLOBULIN ANTIBODY  TH-PROGLOBULIN ANTIBODY  TH-PROGLOBULIN ANTIBODY  STOOL (FECES) CULTURE IS SIBLE LAB  STOOL (FECES) CULTURE IS SIBLE LAB  CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID  CULTURE, BACTERIA, OTHER	31.00 33.00 30.00 30.00 30.00 30.00
CMV ANTIBODY, IGMT EPSTEIN-BARRA ANTIBODY-EBARLY ANTIGEN EPSTEIN-BARRA ANTIBODY-EBARLY ANTIGEN EPSTEIN-BARRA ANTIBODY-EBAR ANTIBODY-EBAR ANTIBODY-CBARLY HELLOCBACTER PYLORI - IGG QUANT HELLOCBACTER PYLORI - IGG QUANT HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 2 HIV-HI WAY HERPES SIMPLEX TYPE 2 HIV-HI WAY HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 2 HIV-HI WAY HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 2 HIV-HI WAY HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 2 HIV-HI WAY HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 2 HIV-HI WAY HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 2 HIV-HI WAY HERPES SIMPLEX TYPE 2 HIV-HI WAY HERPES SIMPLEX TYPE 2 HIV-HI WAY HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 2 HIV-HI WAY HERPES SIMPLEX TYPE 1 IGG TOXOPLASINA GONDII IGG ANTIBODY TYPENG ANTIBODY TITER IGG TOXOPLASINA GONDII IGG ANTIBODY TYPENG ANTIBODY NOS THYROGLOBULIN ANTIBODY HERPET CASE TERF TOST COOMBES TEST. OR HERF ANTIBODY SCREEN RBC COOMBES TEST. OR HERPET TOST COOMBES TEST. OR HERPET STOOL (FECES) CULTURE IO SIGH LAB CULTURE, BACTIERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTIERIA, OTHER WITH PRESUMPTIVE ID	33.00 30.00 30.00 30.00 39.00 70.00
EPSTEIN-BAARR ANTIBODY-EA EARLY ANTIGEN EPSTEIN-BAARR ANTIBODY-EARLY ANTIGEN EPSTEIN-BAARR ANTIBODY-EBNA NUCLEAR AG EPSTEIN-BAARR ANTIBODY-EBNA NUCLEAR AG EPSTEIN-BAARR ANTIBODY-ED EARLY CAPSID(VCA) HERPES SIMPLEX TRPE 1 LGG TOXOPLANTIBODY TITER 1 LGG RUBECLA-RANTIBODY TITER 1 LGG RUBECLA-RASINE GONDII 1 LGG ANTIBODY TITER 1 LGG RUBECLA-RASINE AGNODY TITER 1 LGG RUBECLA-RASINE ANTIBODY TITER 1 LGG RUBECLA-RASINE RUBECT 1 LGG LGG SGG32 - HEFO C RGG ANTIBODY LOENTIFICATION RBC COOMBIS TEST, CONFIRM THE RUTH RESTUMPTIVE ID CULTURE, BACTIERA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTIERA, OTHER WITH PRESUMPTIVE ID	30.00 30.00 30.00 39.00 70.00
EPSTEIN-BAARR ANTIBODY-EBNA NUCLEAR AG   EPSTEIN-BAARR ANTIBODY-SENA CAPSID/VCA)   HELCOBACTER PULCAI - LIGG QUANT   HELLOGACTER PULCAI - LIGG QUANT   HILVAHIV VBC CONFIRMATORY   HERPES SIMPLEX TYPE 1 & 2 IGM   HERPES SIMPLEX TYPE 2   HILVAHIV-2. SCREENING   HERPES SIMPLEX TYPE 2   HILVAHIV-2. SCREENING   HERPES SIMPLEX TYPE 1 IGG   TOXOPLASMA GOONIN IGG ANTIBODY   HERPES SIMPLEX TYPE 1 IGG   TOXOPLASMA GOONIN IGG ANTIBODY   HERPES SIMPLEX TYPE 1 IGG   HERPES SIMPLEX TYPE 1 IGG   TOXOPLASMA GOONIN IGG ANTIBODY   HERPES SIMPLEX TYPE 1 IGG   ANTIBODY SCREEN - RBC   COOMBS TEST, DIRECT"   BLOOD TYPING, ABO'   STOOL (FECES) CULTURE IS SIGH LAB   CULTURE, BACTIERIA, OTHER WITH PRESUMPTIVE ID	30.00 30.00 39.00 70.00
EPSTEIN BARR ANTIBODY-VIRAL CAPSIDIVOS)   HELCOBACTER PYLORI- IGG QUANT   HELCOBACTER PYLORI- IGG QUANT   HELCOBACTER PYLORI- IGG QUANT   HERPES SIMPLEX TYPE 1 & 2 IGM   HERPES SIMPLEX TYPE 1 & 2 IGM   HERPES SIMPLEX TYPE 1   IGG   HERPES SIMPLEX TYPE 2   HIV.1   HIV.1 HIV.2; SCREENING   HEP BE CORE ANTIBODY, TOTAL"   HIV.1 HIV.1 HIDODY, IGM"   HEP BE CORE ANTIBODY, IGM"   HEP BE CORE ANTIBODY, IGM"   HEP A ANTIBODY, IGM"   HEP A ANTIBODY, IGM"   HEP A ANTIBODY, ITER IGG   RUBELLA ANTIBODY TITER IGG   RUBELLA ANTIBODY TITER IGG   RUBELLA ANTIBODY TITER IGG   TOXOPLAANTIBODY TITER IGG   RUBELLA ANTIBODY TITER IGG   RUBELLA ANTIBODY TITER IGG   TOXOPLAANTIBODY TITER IGG   TOXOPLAANTIBODY TITER IGG   TOXOPLAANTIBODY TITER IGG   RUBELLA ANTIBODY STORE ANTIBODY TITER   ITER IGG   TOXOPLAANTIBODY TITER IGG   RUBELLA ANTIBODY TITER IGG   TOXOPLAANTIBODY TITER IGG   RUBELLA ANTIBODY STORE ANTIBODY TITER   ITER IGG   TOXOPLASING COUNTRIANT INTERPRETATION, RBC   ITER IGG   ANTIBODY SCREEN RBC   SCOOMBS TEST, DIRECT"   BLOOD TYPING, RB (C) STOLTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE IN THE COUNTY OTHER WITH THE COUNTY OTHER WI	30.00 39.00 70.00
HELICOBACTER PYLOR - IGG QUANT HITUTHIN WAS COMFIRMATORY HERPES SIMPLEX TEST - TYPE 1 & 2 IGM HERPES SIMPLEX TEST - TYPE 1 & 2 IGM HERPES SIMPLEX TEST - TYPE 1 IGG HERPES SIMPLEX TYPE 2 HIV-1 HEP B CORE ANTIBODY. TOTAL' HEP B CORE ANTIBODY. GAL HEP A ANTIBODY TITER IGG RUBELLA ANTIBODY TITER IGG RUBECLA ANTIBODY TITER IGG TOXOPLASIMA GONDI IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VIRUS ANTIBODY STEED IGG IGM HEP CAB TEST TOSI COME STEST CONFIRM' ANTIBODY SCREEN-RBC COOMBS TEST I DIRECT' BLOOD TYPING, RH OF' STOOL TYPING, RH OF' CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID	39.00
HTIVAHIV WB CONFIRMATORY HERPES SIMPLEX TYPE 1 & 2 IGM HERPES SIMPLEX TYPE 2 HIV-1 HEP B CORE ANTIBODY. GOAL HEP B CORE ANTIBODY. GOAL HEP B SURFACE ANTIBODY. GOAL HEP B SURFACE ANTIBODY. TOTAL" HEP ANTIBODY. TOTAL" HEP ANTIBODY. TITRE IGG RUBELLA ANTIBODY TITER IGG RUBECLA ANTIBODY TITER IGG TOXOPLASINA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER TOXOPLASINA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TP-PA SYPHILIS CONFIRM*  TP-PA SYPHILIS CONFIRM*  TP-PA SYPHILIS CONFIRM* HEP CAB TEST TOST TO STATE TO TOTAL HEP CAB TEST TOST COMB STEST. CONFIRM* ANTIBODY SCREEN RBC COOMBS TEST. DIRECT* BLOOD TYPING, RH (D)* STOOL TYPING, RH (D)* STOOL TYPING, ABO* CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	70.00
HERPES SIMPLEX TEST - TYPE 1 & 2 IGM HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 2 HIV-1 HIV-1 HIV-1 HIV-2. SCREENING HEP B CORE ANTIBODY, TOTAL" HEP B CORE ANTIBODY, IGM" HEP B CORE ANTIBODY OUALITAIVE HEP B CORE ANTIBODY OUALITAIVE HEP B SURFACE ANTIBODY OUALITAIVE HEP B SURFACE ANTIBODY OUALITAIVE HEP B SURFACE ANTIBODY OF GOLGIAN HEP B SURFACE ANTIBODY TOTAL" HEP ANTIBODY, IGM" HEP ANTIBODY, IGM" MUMPS TITER - IGG ANTIBODY RUCKETTSIA AB-ROCKY MIT SPOTTED FEVER RUBELLA ANTIBODY TITER IGG TOXOPLASIMA GONDII IGG ANTIBODY TP-A SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER VIRUS ANTIBODY TITER IGG TOXOPLASIMA GONDII IGG ANTIBODY HEPATITIS C AB TEST THYROGLOBULIN ANTIBODY HEPATITIS C AB TEST THYROGLOBULIN ANTIBODY HEPATITIS C AB TEST ANTIBODY SCREEN - REC COOMBS TEST, DIRECT" BLOOD TYPING, ABO" BLOOD TYPING, ABO" BLOOD TYPING, ABO" BLOOD TYPING, RH (D)" STOOL (FECES) CULTURE D STATE LAB CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID	
HERPES SIMPLEX TYPE 1 IGG HERPES SIMPLEX TYPE 2 HIV1 HIV1 HIV1. HIV1. HIV1. HIV1. HIV1. HERPES SIMPLEX TYPE 2 HIV1. HIV1. HERPES SIMPLEX TYPE 2 HIV1. HERPES CORE ANTIBODY, TOTAL' HEP B CORE ANTIBODY, IGM" HEP B CORE ANTIBODY, TOTAL' HEP ANTIBODY TITER IGG TOXOPLEOLA ANTIBODY TITER IGG TOXOPLEOLA ANTIBODY TITER RUBELLA ANTIBODY TITER NARICELLA-ZOSTER ANTIBODY TITER VIRUS ANTIBODY NOS TH-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER VIRUS ANTIBODY NOS TH-PROGLOBULIN ANTIBODY TH-PROGLOBULIN ANTIBODY HEP C AB TEST COMBES TEST ANTIBODY SCREEN-RBC ANTIBODY SCREEN-RBC COOMBS TEST, DIRECT' BLOOD TYPINIG, RH (D)' STOOL (FECES) CULTURE ASSIALE LAB CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID	39.00
HERPES SIMPLEX TYPE 2 HIV-1 HIV-1 HIV-1 HIV-1 HIV-1 HEP B CORE ANTIBODY, TOTAL" HEP B CORE ANTIBODY, GIM" HEP B SURFACE ANTIBODY, GIM" HEP B ANTIBODY, IGM" HEP A ANTIBODY, IGM" HEP A ANTIBODY, IGM" HEP A ANTIBODY, IGM" HEP A ANTIBODY IGM" MUMBYS TITER - IGG ANTIBODY PARVOVIRUS ANTIBODY THER IGG RUBELLA ANTIBODY TITER IGG TOXOPLESIAR GONDII IGG ANTIBODY TOXOPLESIAR GONDII IGG ANTIBODY TOXOPLESIAR GONDII IGG ANTIBODY TOXOPLESIAR GONDII IGG ANTIBODY TOXOPLESIAR CONDING TER IGG TOXOPLESIAR ANTIBODY TITER VIRUS ANTIBODY NOS THYROGLOBULIN ANTIBODY THEP C AB TEST Test CONFIRM TEST THES IGG STONE HEST TOXOPLESIAR ABG" BLOOD TYPING, ABG" BLOOD TYPING, RH (D)" STOOL (FECES) CULTURE RACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	41.00
HIV-1   HIV-1   HIV-1    HIV-1/HIV-2. SCREENING   HEP B CORE ANTIBODY, TOTAL"   HEP B CORE ANTIBODY, TOTAL"   HEP B SURFACE ANTIBODY, GM"   HEP B SURFACE ANTIBODY, IGM"   HEP B ANTIBODY, IGM"   HEP A ANTIBODY TITER IGG     RUBELIA ANTIBODY TITER IGG     RUBECIA ANTIBODY TITER IGG     TOXOPLASMA GONDII IGG ANTIBODY     TP-PA SYPHILIS CONFIRM TEST     VARICELLA-ZOSTER ANTIBODY TITER     VIRUS ANTIBODY TITER     THYROGLOBULIN ANTIBODY     HEP COBULIN ANTIBODY     HEP CAB TEST     Test Code 560362 - HEP C Reflex     HEP C AB TEST     ANTIBODY SCREEN-RBC     ANTIBODY SCREEN-RBC     ANTIBODY SCREEN-RBC     ANTIBODY SCREEN-RBC     BLOOD TYPING, RH (D)"     STOOL (FECES) CULTURE to State Lab     CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID     CULTURE, BACTERIA, OTHER     CULTURE, BACTERIA, OTHER	44.00
HIV-1/HIV-2, SCREENING HEP B CORE ANTIBODY, TOTAL" HEP B CORE ANTIBODY, TOTAL" HEP B SURFACE ANTIBODY, QUALITAtive HEP B SURFACE ANTIBODY, IGM" HEP BE ANTIBODY, IGM" HEP A ANTIBODY ITER IGG RUGELTSIA ABLROCKY MIN SPOTTED FEVER RUBECIA ANTIBODY TITER IGG TOXOPLASMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER I FOXOPLASMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TP-PA SYPHILIS CONFIRM TEST COOF SOGGE - HEP C Reflex HEP C AB TEST ANTIBODY SCREEN- RBC COOMBES TEST, DIRECT" BLOOD TYPING, ABO' COOMBES TEST, DIRECT" BLOOD TYPING, ABO' STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER	33.00
HEP B CORE ANTIBODY, TOTAL"  HEP B CORE ANTIBODY, GM"  HEP B SURFACE ANTIBODY, GM"  HEP B SURFACE ANTIBODY. GM"  HEP A ANTIBODY, IGM"  HEP A ANTIBODY, IGM"  MUMPS TITER. IGG ANTIBODY  PARVOVIRUS ANTIBODY TITER IGG  RUBELLA ANTIBODY TITER IGG  RUBECLA-ZOSTER ANTIBODY  ITHYROGLOBULIN ANTIBODY  HEP A SYNHUS CONFIRM TEST  VARICELLA-ZOSTER ANTIBODY  HEP ATTITIS C AB TEST  Test Code 550362 - HEP C Reflex  HEP C AB TEST  ANTIBODY SCREEN- RBC  COOMBS TEST, CONFIRM"  BLOOD TYPING, BH ID"  STOOL (FECES) CULTURE to State Lab  CULTURE, BACTERIA, OTHER  CULTURE, BACTERIA, OTHER	32.00
HEP B CORE ANTIBODY, IGM"  HEP B SURFACE ANTIBODY. QUALITAţive HEP B SURFACE ANTIBODY. QUALITAţive HEP A ANTIBODY. TOTAL" HEP A ANTIBODY, IGM" MUMPS TITER - IGG ANTIBODY PARVOVIRUS ANTIBODY TITER IGG RUBELLA ANTIBODY TITER IGG RUBELLA ANTIBODY TITER IGG TOXOPLASMA GONDII IGG ANTIBODY TOXOPLASMA GONDI INFORMATIBODY TOXOPLASMA GONDII IGG ANTIBODY TOXOPLIANTIS CAB TEST TOST COOMES TEST COOMES TEST COOMES TEST ONFIRM* BLOOD TYPING, RH (D)* STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	32.00
HEP B SURFACE ANTIBODY. QUALITAtive HEP BE ANTIBODY HEP BE ANTIBODY HEP BE ANTIBODY HEP ANTIBODY HEP ANTIBODY HEP ANTIBODY TOTAL' HEP ANTIBODY. IGM" MUMPS TITER - IGG ANTIBODY PARVOVIRUS ANTIBODY-B19 IGG-IGM RUBELLA ANTIBODY TITER IGG RUBELLA ANTIBODY TITER IGG TOXOPLASMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER VARICELLA-ZOSTER ANTIBODY TITER VARICELLA-ZOSTER ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TP-PA SYPHILIS CONFIRM THEP CAB TEST ANTIBODY SCREEN- RBC COOMBS TEST. ONFIRM ANTIBODY SCREEN- RBC COOMBS TEST. DIRECT" BLOOD TYPING, RH (D)' STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID	31.00
HEP BE ANTIBODY, TOTAL" HEP AANTIBODY, TOTAL" HEP AANTIBODY, IGM" MUMPS TITER - IGG ANTIBODY PARVOVIRUS ANTIBODY-B19 IGG-IGM RICKETTSIA AB-ROCKY MTN SPOTTED FEVER RUBELLA ANTIBODY TITER IGG RUBELLA ANTIBODY TITER IGG TOXOPLASIMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY THEPATITIS CAB TEST Test Code 550362 - HEP C Reflex HEP C AB TEST COMPISM" ANTIBODY SCREEN- RBC ANTIBODY SCREEN- RBC COOMBS TEST, DIRECT" BLOOD TYPING, ABO" CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	29.00
HEP A ANTIBODY, TOTAL" HEP A ANTIBODY, IGM" MUMPS TITER - IGG ANTIBODY PARVOVIRUS ANTIBODY-B19 IGG-IGM RICKETTSIA ABROCKY MIN SPOTTED FEVER RUBELLA ANTIBODY TITER IGG TOXOPLASIMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELA-ZOSTER ANTIBODY TITER VIRUS ANTIBODY HEP C AB TEST COMPIRM"  ANTIBODY SCREEN- RBC COOMBS TEST, CONFIRM" BLOOD TYPING, ABO" BLOOD TYPING, ABO" BLOOD TYPING, ABO" BLOOD TYPING, ABO" BLOOD TYPING, ABUTH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	33.00
HEP A ANTIBODY, IGM"  MUMPS TITER - IGG ANTIBODY PARVOVIRUS ANTIBODY-B19 IGG-IGM RICKETTSIA AB-ROCKY MTN SPOTTED FEVER RUBELLA ANTIBODY TITER IGG TOXOPLASMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER VIRUS ANTIBODY NOS THYROGLOBULIN ANTIBODY THEPATITIS C AB TEST Test Code 550362 - HEP C Reflex HEP C AB TEST ANTIBODY SCREEN- RBC COOMBS TEST, DIRECT" BLOOD TYPING, ABO" BLOOD TYPING, RH (b)" STOOL (FECES) CULTURE TO State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	31.00
MUMPS TITER - IGG ANTIBODY PARVOVIRUS ANTIBODY-B19 IGG-IGIM RICKETTSIA AB-ROCKY MTN SPOTTED FEVER RUBELLA ANTIBODY TITER IGG RUBECLA ANTIBODY TITER IGG TOXOPLASMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER VIRUS ANTIBODY NOS THYROGLOBULIN ANTIBODY TOXOMBS TEST, CONFIRM* TOXOMBS TEST, DIRECT* TOX	31,00
PARVOVIRUS ANTIBODY-B19 IGG-IGM RICKETTSIA AB-ROCKY MTN SPOTTED FEVER RUBELLA ANTIBODY TITER IGG RUBEOLA ANTIBODY TITER IGG TOXOPLASMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER VIRUS ANTIBODY NOS THYROGLOBULIN ANTIBODY HEPATITIS C AB TEST Test Code 550362 - HEP C Reflex HEP C AB TEST ANTIBODY SCREEN- RBC SOOMBS TEST, DIRECT" BLOOD TYPING, RH (D)" STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	32.00
RICKETTSIA AB-ROCKY MTN SPOTTED FEVER RUBELLA ANTIBODY TITER IGG RUBEOLA ANTIBODY TITER IGG TOXOPLASMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER VARICELLA-ZOSTER ANTIBODY TITER VIRUS ANTIBODY NOS THYROGLOBULIN ANTIBODY HEPATITIS C AB TEST Test Code 550362 - HEP C Reflex HEP C AB TEST ANTIBODY SCREEN- RBC ANTIBODY SCREEN- RBC ANTIBODY SCREEN- RBC COMBS TEST, OINECT" BLOOD TYPING, ABO" BLOOD TYPING, RH (D)" STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER	00:99
RUBELLA ANTIBODY TITER IGG RUBEOLA ANTIBODY TITER IGG TOXOPLASMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER VIRUS ANTIBODY NOS THYROGLOBULIN ANTIBODY HEPATITIS C AB TEST Test Code 550362 - HEP C Reflex HEP C AB TEST, CONFIRM* ANTIBODY SCREEN - RBC ANTIBODY SCREEN - RBC ANTIBODY SCREEN - RBC COOMBS TEST, DIRECT* BLOOD TYPING, RH (D)* STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID	48.00
RUBEOLA ANTIBODY TITER IGG TOXOPLASMA GONDII IGG ANTIBODY TP-PA SYPHILIS CONFIRM TEST VARICELLA-ZOSTER ANTIBODY TITER VIRUS ANTIBODY NOS THYROGLOBULIN ANTIBODY HEPATITIS C AB TEST Test Code 550362 - HEP C Reflex HEP C AB TEST, CONFIRM* ANTIBODY SCREEN- RBC ANTIBODY SCREEN- RBC COOMBS TEST, DIRECT* BLOOD TYPING, RH (D)* STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID	30.00
TOXOPLASMA GONDII IGG ANTIBODY   TP-PA SYPHILIS CONFIRM TEST   VARICELLA-ZOSTER ANTIBODY TITER   VARICELLA-ZOSTER ANTIBODY TITER   VIRUS ANTIBODY NOS   THYROGLOBULIN ANTIBODY   HEPATITIS C AB TEST   THYROGLOBULIN ANTIBODY   THE C AB TEST   CONFIRM"   Test Code 550362 - HEP C Reflex   HEP C AB TEST   CONFIRM"   ANTIBODY SCREEN - RBC   ANTIBODY SCREEN - RBC   ANTIBODY SCREEN - RBC   COOMBS TEST   DIRECT"   BLOOD TYPING, RH (D)"   STOOL (FECES) CULTURE to State Lab   CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID   CULTURE WITH PRESUMPTIVE ID	33.00
TP-PA SYPHILIS CONFIRM TEST	34.00
VARRICELLA-ZOSTER ANTIBODY TITER           VIRUS ANTIBODY NOS           THYROGLOBULIN ANTIBODY           HEPATITIS C AB TEST           Test Code 550362 - HEP C Reflex           HEP C AB TEST, CONFIRM"           ANTIBODY SCREEN - RBC           ANTIBODY IDENTIFICATION - RBC           COOMBS TEST, DIRECT"           BLOOD TYPING, RH (D)"           BLOOD TYPING, RH (D)"           STOOL (FECES) CULTURE to State Lab           CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID           CULTURE, BACTERIA, OTHER	67.00
VIRUS ANTIBODY NOS           THYROGLOBULIN ANTIBODY           HEPATITIS C AB TEST           Test Code 550362 - HEP C Reflex           HEP C AB TEST, CONFIRM*           ANTIBODY SCREEN - RBC           ANTIBODY IDENTIFICATION- RBC           COOMBS TEST, DIRECT*           BLOOD TYPING, RH (D)*           BLOOD TYPING, RH (D)*           STOOL (FECES) CULTURE to State Lab           CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID           CULTURE, BACTERIA, OTHER	34.00
THYROGLOBULIN ANTIBODY   HEPATITIS C AB TEST   Test Code 550362 - HEP C Reflex   HEP C AB TEST   Test Code 550362 - HEP C Reflex   HEP C AB TEST CONFIRM"   ANTIBODY SCREEN. RBC   ANTIBODY IDENTIFICATION- RBC   COOMBS TEST, DIRECT"   BLOOD TYPING, RH (D)"   BLOOD TYPING, RH (D)"   STOOL (FECES) CULTURE to State Lab   CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID   CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID   CULTURE, BACTERIA, OTHER	144.00
HEPATITIS C AB TEST	34.00
Test Code 550362 - HEP C Reflex HEP C AB TEST, CONFIRM" ANTIBODY SCREEN- RBC COOMBS TEST, DIRECT" BLOOD TYPING, ABO" BLOOD TYPING, RH (D)" STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	31,00
HEP C AB TEST, CONFIRM"  ANTIBODY SCREEN- RBC  ANTIBODY IDENTIFICATION- RBC  COOMBS TEST, DIRECT"  BLOOD TYPING, ABO"  STOOL (FECES) CULTURE to State Lab  CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID  CULTURE, BACTERIA, OTHER	135.00
ANTIBODY SCREEN- RBC ANTIBODY IDENTIFICATION- RBC COOMBS TEST, DIRECT" BLOOD TYPING, ABO" STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	155.00
ANTIBODY IDENTIFICATION- RBC  COOMBS TEST, DIRECT"  BLOOD TYPING, ABO"  BLOOD TYPING, RH (D)"  STOOL (FECES) CULTURE to State Lab  CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID  CULTURE, BACTERIA, OTHER	30.00
COOMBS TEST, DIRECT"  BLOOD TYPING, ABO"  BLOOD TYPING, RH (D)"  STOOL (FECES) CULTURE to State Lab  CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID  CULTURE, BACTERIA, OTHER	42.00
BLOOD TYPING, ABO" BLOOD TYPING, RH (D)" STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	36.00
STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	30.00
STOOL (FECES) CULTURE to State Lab CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID CULTURE, BACTERIA, OTHER	38.00
CULTURE, BACTERIA, OTHER CULTURE, BACTERIA, OTHER	0.00
CULTURE, BACTERIA, OTHER	25.00
	25.00
CULTURE ANAEROBIC BACTERIA, EXCEPT BLOOD"	88.00
87077   CULTURE AEROBIC ORGANISM IDENTIFICATION 25.00	25.00

87086         URINE CULTURECOLONY COUNT           87088         URINE BACTERIA CULTURE           87149         CULTURE IDENTIFICATION BY NEUCLEIC ACID           87168         MACROSCOPIC EXAM ARTHROPOD (nits-lice)           87172         PINWORM EXAM           87174         OVA AND PARASITES SMEARS-concentration           87175         OVA AND PARASITES SMEARS-concentration           87207         SUSCEPTIBLE - MICROBE , MIC"           87207         SMEAR, SAICAL STAIN - ichrome, iron etc           87207         SMEAR, COMPLEX STAIN - ichrome, iron etc           87207         SMEAR, COMPLEX STAIN - ichrome, iron etc           87209         SMEAR, COMPLEX STAIN - ichrome, iron etc           87200         SMEAR, COMPLEX STAIN - ichrome, iron etc           87200         SMEAR, COMPLEX STAIN - ichrome, iron etc           87200         SMEAR, COMPLEX STAIN - ichrome, iron etc           87324         CLOSTRIDIUM difficile toxin A and B, EIA           87336         HELICOBACTER PYLORI, STOOL ANITGEN, EIA           87336         HEPATITIS BE SURFACE AG, EIA"           87339         HIV-1 antigent(s), with HIV-1 and HIV-2 and step in method; HIV-1 antigent(s), with HIV-1 and HIV-2 and STAID EAB           87425         HIV-1 AG, EIA - STATE LAB           87450         CHLAMYDIA TRACH BY DNA, AD PROBE <th>URINE CULTURE/COLONY COUNT URINE BACTERIA CULTURE CONTENDED CONT</th> <th>25.00 25.00 17.00 17.00 30.00 30.00 119.00 40.00 40.00 63.00 29.00 25.00</th> <th></th>	URINE CULTURE/COLONY COUNT URINE BACTERIA CULTURE CONTENDED CONT	25.00 25.00 17.00 17.00 30.00 30.00 119.00 40.00 40.00 63.00 29.00 25.00	
	RETHROPOD (nits-lice)  FHROPOD (nits-lice)  FHROPOD (nits-lice)  FARS-concentration  Inchrome, iron etc  Inchrome, iron etc  A and B, EIA  STOOL ANITGEN, EIA  STOOL ANITGEN, EIA  Stool assay [ELISA],  assay [MCA]) qualitative or semiquantitative, multiple- s), with HIV-1 and HIV-2 antibodies, single result	22.00 25.00 17.00 15.00 30.00 30.00 140.00 40.00 63.00 28.00	
	N BY NEUCLEIC ACID  THROPOD (nits-lice)  ARS-concentration  , MIC"  And B, EIA  A and B, EIA  STOOL ANITGEN, EIA  strion by immunosorbent assay [ELISA],  assay [IMCA]) qualitative or semiquantitative, multiple- s), with HIV-1 and HIV-2 antibodies, single result	25.00 17.00 15.00 30.00 18.00 119.00 40.00 63.00 63.00 29.00	
	rhropod (nits-lice)  ARS-concentration  MIC"  Inchrome, iron etc  JAL)  A and B, EIA  STOOL ANITGEN, EIA  S, EIA"  assay [MCA]) qualitative or semiquantitative, multiplesy, with HIV-1 and HIV-2 antibodies, single result	17.00 15.00 30.00 18.00 119.00 30.00 40.00 63.00 25.00	
	ARS-concentration , MIC" richrome, iron etc JAL) A and B, EIA STOOL ANITGEN, EIA 3, EIA" ssay [MCA]) qualitative or semiquantitative, multiplesy, with HIV-1 and HIV-2 antibodies, single result	15.00 30.00 39.00 119.00 30.00 40.00 63.00 25.00	
	ARS-concentration  MIC"  Irichrome, iron etc  JAL)  A and B, EIA  STOOL ANITGEN, EIA  S, EIA"  ection by immunoassay technique, (eg, enzyme linked immunosorbent assay [ELISA], assay [INCA]) qualitative or semiquantitative, multiplesy, with HIV-1 and HIV-2 antibodies, single result	30.00 18.00 119.00 30.00 40.00 63.00 25.00	
	richrome, iron etc  JAL) A and B, EIA STOOL ANITGEN, EIA S, EIA"  ection by immunoassay technique, (eg, enzyme linked immunosorbent assay [ELISA], assay [INCA]) qualitative or semiquantitative, multiples), with HIV-1 and HIV-2 antibodies, single result	39.00 18.00 30.00 40.00 63.00 29.00 26.00	
	richrome. iron etc  JAL)  A and B, EIA STOOL ANITGEN, EIA S, EIA"  ection by immunoassay technique, (eg, enzyme linked immunosorbent assay [ELISA], assay [ELISA], assay [MCA]) qualitative or semiquantitative, multiples), with HIV-1 and HIV-2 antibodies, single result	18.00 119.00 30.00 40.00 40.00 63.00 29.00 26.00	
	richrome, iron etc  JAL)  A and B, EIA  STOOL ANITGEN, EIA  S, EIA"  ection by immunoassay technique, (eg, enzyme linked immunosorbent assay [ELISA], assay [MCA]) qualitative or semiquantitative, multiples), with HIV-1 and HIV-2 antibodies, single result	119.00 30.00 15.00 40.00 63.00 29.00 32.00	
	richrome, iron etc  JAL)  A and B, EIA  STOOL ANITGEN, EIA  S, EIA"  ection by immunoassay technique, (eg, enzyme linked immunosorbent assay [ELISA], assay [MCA]) qualitative or semiquantitative, multiples, with HIV-1 and HIV-2 antibodies, single result	30.00 15.00 40.00 63.00 32.00 26.00	
	A and B, EIA STOOL ANITGEN, EIA S, EIA* ection by immunoassay technique, (eg, enzyme assay [EIISA], assay [IIISA], assay [IIISA], with HIV-1 and HIV-2 antibodies, single result	15.00 40.00 63.00 32.00 26.00	
	A and B, EIA STOOL ANITGEN, EIA S, EIA* ction by immunoassay technique, (eg, enzyme alinked immunosorbent assay [EIISA], assay [MCA]) qualitative or semiquantitative, multiples), with HIV-1 and HIV-2 antibodies, single result	40.00 40.00 63.00 32.00 26.00	
	A and B, EIA STOOL ANITGEN, EIA S, EIA* ection by immunoassay technique, (eg, enzyme linked immunosorbent assay [ELISA], assay [IMCA]) qualitative or semiquantitative, multiple- s), with HIV-1 and HIV-2 antibodies, single result	40.00 63.00 29.00 32.00 26.00	
	stool ANITGEN, EIA s, EIA" ection by immunoassay technique, (eg, enzyme finked immunosorbent assay [ELISA], assay [IMCA]) qualitative or semiquantitative, multiple- s), with HIV-1 and HIV-2 antibodies, single result	29.00	
	ection by immunoassay technique, (eg, enzyme finked immunosorbent assay [ELISA], assay [MCA]) qualitative or semiquantitative, multiples), with HIV-1 and HIV-2 antibodies, single result	32.00	
	ection by immunoassay technique, (eg, enzyme linked immunosorbent assay [ELISA], assay [IMCA]) qualitative or semiquantitative, multiple- s), with HIV-1 and HIV-2 antibodies, single result	32.00	
	ection by immunoassay technique, (eg, enzyme -linked immunosorbent assay [ELISA], assay [IMCA]) qualitative or semiquantitative, multiple- s), with HIV-1 and HIV-2 antibodies, single result	26.00	
	ection by immunoassay technique, (eg, enzyme linked immunosorbent assay [ELISA], assay [IMCA]) qualitative or semiquantitative, multiple- s), with HIV-1 and HIV-2 antibodies, single result	26.00	
	inked immunosorbent assay [ELISA], assay [IMCA]) qualitative or semiquantitative, multiple- s), with HIV-1 and HIV-2 antibodies, single result	26.00	
	assay livicAJ) qualitative or semiquantitative, multiple-s), with HIV-1 and HIV-2 antibodies, single result		
	b), wur niv-t and niv-z antibodies, single result		
		0.00	
	114416	38.00	
	A PROBE	33.00	
	TO State Lab	0.00	
	LabCorp swab or ua	30.00	
	LIFIED PROBE TECHNIQUE	144.00	
	- PCR	262.00	
	ROBE - QUAL	115.00	
	ISURE (IU)	115.00	
	JIR PROB"	33.00	
	MP PROB	30.00	
	eplaces 87621)	40.00	
	ependant	\$33,\$80,\$54	
	r nucleic acid (DNA or RNA); Human Papillomavirus		
		100.00	
_		670.00	
	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified;		
		320.00	
	OR BOTH A AND 8 ENTER CODE TWICE)	30.00	
		45	
_		48.00	
	DNA, "	228.00	
88141 CYTOPATHOLOGY, CERVICAL OR VAGINAL	SAL OR VAGINAL	20.00	

88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL THIN PREP	37.00
	90 PAP COLLECTION FEE	20.00
88305	Level IV Pathology Read	\$30/un
88342	Immunohistochemistry perspecimen, initial single antibody stain	\$110/un
Q0091	PAP COLLECTION FEE - Medicare	20.00
89055	WBC - STOOL	33.00
89321	SEMEN ANAL, SPERM DETECTION". AMC	30.00
00066	HANDLING FEE	25.00
99070	MATERIALS AND SUPPLIES-each container	7.50
G0328	(HEMOCCULTS X 3 (MEDICARE)	18:00
Q0114	FERN TEST	20.00
00066	Handling Fee/ COC DRUG COLLECTION FEE	25.00
00066	Handling Fee / COC PATERNITY COLLECTION	25.00
	ENVIRONMENTAL HEALTH	
	On-Site Waste Water (OSWW)	
	Improvement Permit (IP Only) 240-360 Gallons per day/2-3 Bedrooms	200.00
	Authorization to Construct (AC Only) 240-360 Gallons per day/2-3 Bedrooms	500.00
	Application fees for permitting a Pit Privy, Vault Privy, Incinerating Toilet or a	
	Composting Toilet	250.00
i	IP/AC 240-360 Gallons per day/2-3 Bedrooms	500.00
•	Improvement Permit (IP Only) 480-600 Gallons/4-5 Bedrooms	1,000.00
	Authorization to Construct (AC Only) 480-600 Gallons per day/4-5 Bedrooms	1,000.00
	IP/AC 480-600 Gallons per day/4-5 Bedrooms	1,000.00
	Commercial Improvement Permit (IP) - also applies to residential over 6 bedrooms &	
	systems with 2 or more homes	1.65 per gal
	Commercial Authorization to Construct (AC) also applies to residential over 6	
	bedrooms & systems with 2 or more homes	1.65 per gal
	Commercial IP/AC - also applies to residential over 6 bedrooms & systems with 2 or	
	more homes	1.65 per gal
	RV Permit Only 0-120 Gallons per day	250.00
	Addition to System (Per Bedroom) -0-120 Gallons per day - IP/AC/RV	250.00
	Relocate Tank	225.00
	Consultative Visit	125.00
	Mobile Home Reconnect Site Visit	125.00
	Additions to Structure	125.00
	Return Visit Fee	125.00
	Residential Repair Permit	0.00
	Commercial Repair Permit	.42 per gal
		30% standard
	***Engineer Option Permit (EOP) fee is 30% of standard fee	fee
	Private Drinking Water Wells (PDWW)	
	Private Drinking Water Well (PDWW) Permit	375.00
	Consultative Visit	125.00
	Keturn Site Visit	125.00

Abandonment of a Well (no charge if done in conjunction with a PDWW Permit)	0.00
Renewal of Permit before Expiration (no changes in permit)	175.00
Well Repair	0.00
Water Test Fees/Sampline	
All fees include a \$5 charge for handling and processing of specimens (data entry,	
packaging, tracking, courier costs and explanation/interpretation of test results).	
Full Panel Inorganic Chemistry and Microbiology	
New Private Water Well	79.00
Existing Private Water Well	79.00
Microbiology	
Inorganic Chemistry and Microbiology	20.00
New Private Water Well	30.00
Existing Private Water Well	31.00
Inorganic Chemistry and Microbiology	20.00
New Private Water Well	34.00
Existing Private Water Well	35.00
Inorganic Chemistry and Microbiology	45.00
New Private Water Well	34.00
Existing Private Water Well	30.00
Inorganic Chemistry	
Inorganic Panel - (Metals, Anions, Nitrate/ Nitrite)	73.00
Inorganic Panel - (Metals, Anions)	68.00
Inorganic Panel – (Coal Ash Testing)	73.00
Hexavalent Chromium	57.00
Metals Panel	64.00
Individual Metals - (1-3 maximum from above + Uranium)	50.00
Lead follow-up testing (up to 3 samples from same location)	70.00
Anions – (Fluoride, Chloride, Sulfate)	34.00
Disinfection By-Products – (Bromide, Bromate, Chlorite, Chlorate)	34.00
Fluoride – Physician, Dentist request	34.00
Nitrate/Nitrite	31.00
Arsenic speciation	34.00
Organic Chemistry	
Pesticides	
Chlorinated Pesticides	79.00
Nitrogen-Phosphorus Pesticides	79.00
EDB, DBCP and TCP	79.00
Herbicides	
Glyphosate	79.00
Chlorinated Acid Herbicides	

Carbamates	79.00	
Synthetic Organic Chemicals (5OC) Scan	79.00	
Petroleum products	79.00	
Volatile Organic Chemicals (Sample collection must be performed by a Registered	129.00	
FOOD AND LONGING		
Food Service Establishment Plan Review - New/<24 seats	200.00	
Food Service Establishment Plan Review - Existing/<24 seats	150.00	
Food Service Establishment Plan Review - New/>25 seats	200.00	
Food Service Establishment Plan Review - Existing/>25seats	200.00	
Food Stand Plan Review	100.00	
Temporary Food Establishment Permit	75.00 per event	
Tattoo Parlor Plan Review - New	200.00	
Tattoo Parlor Plan Review - Existing	150.00	
Tattoo Parlor Plan Review - Owner/Operator (annually)	700.00	
Tattoo Parlor Permit - Each Additional Artist (annually)	200.00	
Pool Plan Review	200.00	
Pool Application Fee (annually)	100:001	
Additional Pool or Spa	20.00	
ANIMAL SERVICES		
Microchipping for general public	15.00	
Adoption - Cat	65.00	
Adoption - Dog	65.00	
Adoption - Special (Animals spayed or neutered prior to entering shelter)	45.00	
Adoption Fee for Veterans (Dog or Cat)	35.00	
Reclaim Fee	25.00	
Citation - Option 1 (at officer's discretion)	25.00	
Citation - Option 2 (at officer's discretion)	50.00	
Pet Carrier	2.00	
Quarantine Fee (per day)	10.00	
Sponsor Fee	65.00	
vent)	20.00	
Adoption - Special Event (Festival, Fair, Holiday approved event) - Dog	30.00	
Adoption - Overpopulation - Cat	10.00	
Adoption - Overpopulation - Dog	20.00	
Adontion - Snoncored Event - fee est by connece	Fee set by	
Boarding Fee (per day after notification)	10.00	
	TO:OC	
Leash	1.00/un	



36 Pannell Ln. Franklin, NC 28734

(828) 349-2222 (Phone) (828) 349-2570 (Fax) www.macontransit.com

# Memo

To: Macon County Board of Commissioners

From: Kim Angel, Transit Director

CC: Derek Roland, County Manager

Date: 6 August 2020

Subject: Macon County Transit Fare Structure Change

Macon County Transit has had to make changes to the transit system in order to adapt to changes caused by COVID-19. Changes have included reducing staff, changing our Franklin Mountain Gem route to one hour loops rather than 30 minute loops, limiting the number of passengers on board in order to accommodate social distancing measures, installing plexiglass barriers in all vehicles to reduce risk of exposure to drivers, and implementing cleaning protocols in the vehicles to reduce risk of exposure to passengers. We have experienced a loss in ridership due to the COVID-19 pandemic, reaching as much as 74% loss but are now recovering and building ridership again. Our loss of ridership last week (compared to the same time last year) was only 38%.

In order to assist public transportation systems with cost recovery during this time, on March 27th, the CARES Act was signed into law and provided \$25 billion for transit across the Country. NC's allocation of this funding was \$94,941,001 for rural transit systems across the state. The CARES Act provides flexibility to transit systems to recoup expenses due to the COVID-19 pandemic. The provided funds are 100 percent federal and can be used for planning, capital and operations. Macon County Transit has received an allocation of \$191,006 and is expecting to receive an additional allocation of \$311,004. To date, we have claimed over \$175,000 of the first allocation. The additional allocation is intended to be used for operations to cover costs of providing service. We are receiving CARES Act funding but will NOT be receiving State operating funds for FY21. However, we feel the CARES funds will be a sufficient replacement for the state operating funds that totaled \$165,000 for FY20.

Due to the need to modify our trip scheduling and reporting process when we use the CARES funds, we have found it necessary to modify our fare structure. This modification will allow us to properly book trips without causing confusion and errors by staff. This change will also temporarily provide some relief for passengers using our service. We are proposing pricing for all trips be reduced to the same discounted rate we normally offer to elderly and disabled passengers. This will allow us consistency in our trip bookings and our claims for the CARES act funding.

The table below shows current fares and proposed fares. We anticipate using this fare structure for all of FY21 and will re-evaluate and propose a new fare structure for FY22 during the budget process.

Destination	Current Fare	Proposed Fare
Franklin	\$.3.00	\$ 2.50
Sylva (no change)	\$ 10.00 (on route only)	\$ 10.00 (on route only)
Highlands .	\$ 14.00	\$ 10.00
Clayton GA	\$ 20.00	\$ 15.00
Waynesville/Clyde	\$30.00	\$ 25.00
Bryson City	\$ 30.00	\$ 25.00
Asheville	\$ 45.00	\$ 35.00
Mountain Gem (no	\$ 1.00 per boarding	\$ 1.00 per boarding
change)		
Highlands to Asheville	\$ 50.00	\$ 45.00

If you have questions about information in this memo or the proposed fare structure, please let me know.

## **Macon County, North Carolina**

# REQUEST FOR PROPOSAL

## Macon County High-Speed Internet Access Service Expansion Project

PROPOSAL DUE DATE: 4:00 p.m.	,, 2020
All proposals submitted must be p	presented in a sealed envelope to:
"Macon County Fi	nance Department
Attn.: Ms. Line	dsay Leopard
5 West Ma	ain Street
Franklin, North	Carolina 28734
RFP NO	
In order to be considered for selection, a, 2020.	proposal must be received by 4:00 p.m.
Any proposal received after 4:00 p.m not be accepted or considered.	,, 2020, will
Faxed or emailed proposals will not be a	accepted.
Proposals will be opened by Macon, 2020.	County at 4:00 p.m,

#### 1 Background

- In accordance with N.C.G.S. 153A-349.60. Authorization to provide grants, The County of Macon is actively searching for an unaffiliated qualified private provider of high-speed Internet access service for the purposes of expanding the availability of high-speed Internet access service in all of the unserved areas of Macon County which are specified in 2.1 below for economic development in Macon County. The County currently has a large number of its residents and businesses in those areas of Macon County which are specified in 2.1 below who are unserved.
- 1.2 As used herein, RFP shall mean Request for Proposal.
- 1.3 For the purposes of this RFP, the definition of "highspeed Internet access service" is Internet access service with transmission speeds that are equal to or greater than the requirements for basic broadband tier 1 service as defined by the Federal Communications Commission for broadband data gathering and reporting.
- 1.4 For the purposes of this RFP, the definition of "qualified private provider" is a private provider of high-speed Internet access service in the State of North Carolina prior to the issuance of this RFP (grant proposal).
- 1.5 For the purposes of this RFP the definition of "unserved" is no highspeed Internet access service availability.
- 1.6 If an unaffiliated qualified private provider of high-speed Internet access service is identified as a result of this RFP, The County of Macon is prepared to consider, within its sole and absolute discretion, partial grant funding through a grant agreement for a project for the purposes of expanding the availability of high-speed Internet access service in in all of those unserved areas of Macon County which are specified in 2.1 below for economic development in Macon County in an amount set within its sole and absolute discretion and which shall not to exceed \$580,000.00 of the total project cost.

#### **Scope of Work**

2.1 The desired scope of this project consists of making high-speed Internet access service expansion to the maximum number of unserved users over a three year period within all of the areas of Addington Mill, Riverside, McDonald Mill, Otto, Norton, Mulberry, Tessentee, and Scaly Mountain of Macon County, North Carolina which are unserved by high-speed Internet access service for economic development in Macon County. The Proposer shall describe in detail the Proposer's plan for expanding the availability of high-speed Internet access service within all of the areas of Addington Mill, Riverside, McDonald Mill, Otto, Norton, Mulberry, Tessentee, and Scaly Mountain of Macon County, North Carolina which are unserved by high-speed Internet access service for economic development in Macon County. The Proposer shall describe in its proposal the type(s) of technology that will be used and the service delivery method(s). All funding from Macon County, if any, must be applied to the initial two years of the initial one to three year phase of the project. It is also desired that follow-up phases beyond the first three years be considered by the Proposer to

connect additional customers on a demand basis. The additional phase(s) would be funded solely by the Proposer.

## **<u>3</u>** Grant Funding Provisions

3.1 In accordance with N.C.G.S. 153A-349.60. Authorization to Provide Grants, Macon County is prepared to consider, within its sole and absolute discretion, partial grant funding for a project with the purpose of expanding the availability of high-speed Internet access service in all of the areas of Addington Mill, Riverside, McDonald Mill, Otto, Norton, Mulberry, Tessentee, and Scaly Mountain of Macon County, North Carolina which are unserved by high-speed Internet access service for economic development in Macon County in an amount set within Macon County's sole and absolute discretion and which shall not to exceed \$580,000.00 of the total project cost.

Any grants awarded shall be on a technology neutral basis and shall be open only to Proposers which are unaffiliated qualified private providers of high-speed Internet access service.

### **<u>4</u>** Proposed Preparation Instructions

- 4.1 Proposers must closely review Section 6, Evaluation Criteria, of this RFP and be aware that this is a "Best Value" solicitation where the successful Proposer will be selected based on evaluation criteria contained in Section 6 plus all other elements contained in this section.
- 4.2 Proposers must be an unaffiliated qualified private provider of high-speed Internet access service ensure and demonstrate the same as well as compliance with the administrative and other requirements contained in all sections of this RFP.
- 4.3 Proposers must include a map in their proposal showing the proposed area of high-speed Internet access service expansion in all of the areas of Addington Mill, Riverside, McDonald Mill, Otto, Norton, Mulberry, Tessentee, and Scaly Mountain of Macon County, North Carolina which are unserved by high-speed Internet access service for economic development in Macon County and shall include an estimate of the potential new customers for each such area within each expansion area and show their approximate locations. The Proposer shall commit to provide and make available to all such potential new customers high-speed Internet access service in all of the areas of Addington Mill, Riverside, McDonald Mill, Otto, Norton, Mulberry, Tessentee, and Scaly Mountain of Macon County, North Carolina which are unserved by high-speed Internet access service for economic development in Macon County within 3 years from the date of any grant agreement entered into with Macon County. The Proposer shall include the approximate number of homes that will have high-speed Internet access service in each of the aforesaid areas of Macon County as a result of Proposer implementing its proposal to Macon County. The map must also show the location and specifications of the lines and other project equipment to be constructed by Proposer in accordance with the proposed project.
- 4.4 Proposer's proposal must demonstrate and show with specificity the positive impacts on economic development in Macon County associated with the proposed highspeed Internet

- access service expansion including but not limited to increasing the population, taxable property, agricultural industries, employment, industrial output, and/or business prospects of Macon County
- <u>4.5</u> Proposers must provide a description of the future growth capacity of their proposed highspeed Internet access service solution and its ability to adapt to new broadband applications and requirements.
- Proposers must describe in detail the type and specifications of technology that is being proposed including upload and download speeds and the service delivery method. Additional information should also be provided on the technical capabilities of the high-speed Internet access service system being proposed. The Proposer shall demonstrate and show how the proposed project will meet the technological needs of current and future businesses, public institutions, volunteer fire departments, community centers, educational institutions and local residents within the all of the areas of Addington Mill, Riverside, McDonald Mill, Otto, Norton, Mulberry, Tessentee, and Scaly Mountain of Macon County, North Carolina which are unserved by high-speed Internet access service for economic development in Macon County. As a reminder, proposals must meet the definition of "high-speed Internet access service" as set forth 1.3 above.
- 4.7 Proposers must describe all services that will be provided as part of the highspeed Internet access service network being installed, examples being internet services, phone, television, home security, etc.
- 4.8 Proposers must provide a description of how customer service support will be provided and the wait times associated with service requests and service outages.
- 4.9 Proposer must provide available information on pricing for individual services and business services that will be available on the highspeed Internet access service network.
- <u>4.10</u> Proposer must provide a narrative that accurately describes the company's history and experience in providing highspeed Internet access service.
- **4.11** Proposer must address the infrastructure that will be used to provide services and whether that infrastructure is provider owned or if the infrastructure must be leased or procured from another owner.
- 4.12 Proposer must include in their proposal an executive summary (not to exceed two pages) that describes the project and funding that is being proposed.
- 4.13 Proposer must describe any enhanced features and network functionality that may add value to the highspeed Internet access service network being proposed.
- 4.14 If desired, Proposer may describe any business or teaming relationships with other providers that might positively affect the capability/services provided by the proposed highspeed Internet access service network.
- 4.15 Proposer must describe their service level agreement. Macon County will require time resolution of service outages. Provider shall provide a description of the process that will be

- used in the event of a service outage and whether customers will be notified when service outages occur.
- 4.16 Proposer must provide a description of their process for prioritizing service calls and what response times can be expected for making service repairs.
- 4.17 Proposer must provide the qualifications of the company's technical staff that will oversee and ensure reliable operation of highspeed Internet access service network.
- 4.18 Proposer must provide a detailed estimate of the total dollar cost of the first one to three year phase of the project for which grant funding by Macon County may occur.
- 4.19 Proposer must provide an estimate of the number of un-served customers who will be provided highspeed Internet access service availability during the first one to three years of the proposed project. Also Proposer shall comment on any estimates of additional un-served customers after the first one to three year phase should also be included.
- 4.20 Proposer shall comment on how your company's selection might have a positive direct and/or indirect impact on economic development in the unserved area of high-speed Internet access service expansion proposed beyond the actual advantages resulting from the proposed expansion high-speed Internet access service connectivity.
- 4.21 Proposer shall elaborate on the process that your company will use to determine where the high-speed Internet access service expansion will be installed during the first one to years and then the post four to twenty year period. If customer demand is the driver for either of these periods, Proposer shall describe how that demand will be assessed.
- 4.22 Proposer must demonstrate to the satisfaction of Macon County why it believes that a Grant from Macon County is necessary for the project proposed by Proposer to be constructed.
- 4.23 Proposer must demonstrate to the satisfaction of Macon County how large of a Grant is needed from Macon County in order to construct the project proposed by the Proposer.
- **4.24** Proposer will provide services within the project area for at least 20 years.
- 4.25 Proposer shall demonstrate and show how the proposed project is designed for future expansion into other parts of Macon County.
- 4.26 Proposer must specify the projected date by which its proposed project will be completed and the date service delivery will commence over the proposed infrastructure.
- 4.27 Proposer understands and agrees that Macon County accepts no responsibility for any expense incurred by the Proposer in the preparation and presentation of its proposal. Such expenses shall be borne exclusively by the proposer.
- 4.28 Proposer must demonstrate and show that it is a qualified private provider of high-speed Internet access service in the State of North Carolina prior to the issuance of this RFP (grant proposal) and at the time of responding.

- <u>4.29</u> During the performance under any grant agreement, the proposer shall not assign, transfer, convey, sublet, or otherwise dispose of any grant agreement or any or all of its rights, title or interest therein, without the prior written consent of Macon County.
- 4.30 Proposer is hereby required to be in compliance with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes concerning e-verification at the time of entering any grant agreement and at all times during the performance of any grant agreement. All subcontractors utilized by the Proposer are likewise required to comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes concerning e-verification at the time of entering into a contract and at all times during the performance of the contract. Proposer shall take necessary steps to include this provision in all contracts with subcontractors who will perform any portion of the work covered by the contract.
- 4.31 If Macon County enters into grant agreement with Proposer, then Proposer shall purchase and maintain in force, with an insurance company licensed to do business in the State of North Carolina, at its own expense, insurance that will protect the proposer from claims which may arise out of or result from the proposer execution of the work, whether such execution be by itself, its employees, agents, subcontractors, or anyone for whose acts any of them may be liable. If any of such work is to be performed on Macon County owned or leased premises, the proposer agrees to carry liability and workman's compensation insurance, satisfactory to Macon County, and to indemnify Macon County against all liability, loss, and damage arising out of any injuries to persons or property caused by the proposer, his subcontractors, employees or agents. The insurance coverage shall be such as to fully protect Macon County and the general public from any and all claims for injury and damage resulting by any actions on the part of the proposer or its forces enumerated above.
- 4.32 If Macon County enters into grant agreement with Proposer, then Proposer shall be an Independent Contractor with respect to Macon County thereunder.

#### 5. Administrative

- 5.1 Two copies of the proposal to be considered for acceptance shall be sealed and clearly labled with the legal name of the Proposer to Macon County Finance Department, Attn.: Ms. Lindsay Leopard, 5 West Main Street, Franklin, North Carolina 28734.
- Questions concerning this RFP must be submitted in writing by email prior to 5:00 p.m. \_\_\_\_\_\_, 2020, to Lindsay Leopard at 'lleopard@maconnc.org'
- Questions and answers will be posted on the Macon County Website under "Macon County High-Speed Internet Access Service Expansion Project Q&A".
- All proposals must be signed with the Proposer name and by an officer or employee with authority to bind the Proposer to the proposal given in response to the RFP (legal title of the signer should be indicated). The officer or employee signing the proposal on behalf of the Proposer shall certify that he/she has carefully read the same and certify that the same is truthful in all regards. Obligations assumed by such signature must be fulfilled or Proposer shall be removed from Macon County's active file of providers.

- 5.5 All proposals should be submitted in a form that clearly addresses each of the requirements listed. The price quoted must include all costs associated with the requirements listed, including all installation costs and taxes, if applicable.
- 5.6 All prices or notations must be typed or written in ink. Proposals written with pencil will not be accepted. Carefully review all proposals before submission, as not corrections will be permitted after the proposals are opened.
- 5.7 The successful Proposer shall not be held responsible for delays in performance of the contract caused by strikes, lockouts, labor disturbances, lack of or failure by transportation, acts of the government or other causes similar to the foregoing which are beyond the control of and are not the fault of the Proposer.
- 5.8 Default by Provider. Macon County shall hold the provider responsible for any damage that may be sustained because of failure or neglect to comply with any term of condition listed herein. Proposer shall agree to pay attorneys fees incurred by Macon County to enforce the same or any agreement entered into with Proposer as a result of this RFP and the Proposer response to the same.
- 5.9 If the winning Provider fails or neglects to furnish or deliver any of the materials, supplies or services listed herein at the prices name and at the time and place herein stated, or otherwise fails or neglects to comply with the terms of the proposal or any grant agreement entered into with Macon County as a result of the same, Macon County may, upon 30 day written notice to the Proposer, by certified mail, treat the Contract as materially breached by the Provider and commence legal action against the Proposer for damages and attorneys fees.
- 5.10 All proposals must three (3) customer reference (including name, address, and phone number of the contact person) to help indicate the Proposer's fitness as an acceptable source for this project and possesses the ability to meet the RFP requirements.
- 5.11 Any Proposer may withdraw its proposal, either personally or by written request, at any time prior to the entry of a grant agreement with Macon County.
- <u>5.10</u> If Macon County will be required to sign a contract service agreement with the Proposer, a copy of the same must be provided with Proposer's response to this RFP.
- 5.11 In the event that Proposer is selected by Macon County, within its sole discretion, for a grant as provided for by this RFP, then and in that event Proposer will be required to enter into a grant agreement with Macon County which is satisfactory to Macon County and which is consistent in all regards to this RFP and Proposer's response to the same as a condition to receiving any grant from Macon County.

#### <u>6</u> <u>Evaluation Criteria</u>

6.1 The following factors listed below will be used in evaluating Proposer's proposal responses:

- A. The added availability/potential number of unserved customers offered services during the first three years.
- B. Overall dollar investment share proposed by the highspeed Internet access service provider.
- C. Best technical performance proposed.
- D. Highspeed Internet access service Provider's plan for having a local presence in Macon County and adding local jobs and/or facilities in Macon County as part of the highspeed Internet access service network.
- E. The highspeed Internet access service provider's stability, experiences, and record of past performance in delivering such services in North Carolina and otherwise.
- F. Positive impacts on economic development in Macon County associated with the proposed highspeed Internet access service expansion project including but not limited to increasing the population, taxable property, agricultural industries, employment, industrial output, and/or business prospects of Macon County
- Macon County Government will consider entering a grant agreement for highspeed Internet access service expansion within 60 working days after the Proposal deadline in this RFP if a Macon County determines in its sole discretion that a suitable unaffiliated qualified private provider of high-speed Internet access service is found. Macon County intends to award the any grant agreement in accordance with applicable North Carolina laws.
- 6.3 Macon County reserves the right to reject any and all proposals and discontinue the RFP process without obligation or liability to any potential Provider and without obligation to enter into any grant agreement.
- 6.4 This solicitation is a "Best Value" solicitation and is not based only on lowest cost/price. Macon County reserves the right to select the proposal which in its sole judgment best meets the unserved high-speed Internet access service needs of Macon County.
- Macon County reserves the right to waive any irregularities or informalities in any proposal or in the proposal process. Macon County reserves the right to unilaterally define irregularities or informalities should there be a need to do so.

- Macon County reserves the right to award more than one grant agreement to one or more eligible Proposers. Proposer shall gain no franchise, exclusive franchise or other exclusive rights from Macon County.
- 6.7 Macon County has total discretion in the determination of evaluation criteria weights and how those weights are applied to the individual evaluation criteria contained in this RFP.
- 6.8 In the event of a dispute, the Proposer and Macon County agree that the venue and forum to decide such dispute shall be in the General Court of Justice for the State of North Carolina in Macon County.

#### 7.0 Other possible proposals unrelated to the project referenced hereinabove.

<u>7.1</u> Separate and apart from proposals regarding the Project referenced hereinabove, Proposer may in addition make an additional proposal or additional proposals to expand the availability of high-speed Internet access service in other unserved areas of Macon County for economic development in Macon County, other than those areas of Macon County specified in 2.1 above.

#### 8.0 Miscellaneous.

<u>8.1</u> Proposer is advised that it having partnership type arrangements which positively impact economics and/or the high-speed Internet access service coverage area would be favorable and those arrangements, if any, should be disclosed with some particularity as part of the proposal.

# AN ORDINANCE OF MACON COUNTY UPDATING, REPEALING AND REPLACING CHAPTER 31. EMERGENCY MANAGEMENT, OF THE MACON COUNTY CODE AND THE EMERGENCY MANAGEMENT ORDINANCE FOR THE COUNTY OF MACON BOTH OF WHICH WERE PASSED ON SEPTEMBER 12, 1977

WHEREAS, the Macon County Board of Commissioners adopted the Emergency Management Ordinance for the County of Macon on September 12, 1977, and the same was codified in the Macon County Code as "Chapter 31: Emergency Management"; and

WHEREAS, the Macon County Board of Commissioners wishes to update the same by repealing said Emergency Management Ordinance for the County of Macon codified in the Macon County Code as "Chapter 31: Emergency Management" and replacing the same as herein after set forth so that Macon County will be in a position to better handle and better respond to emergencies; and

WHEREAS, the Macon County Board of Commissioners wishes to repeal said Emergency Management Ordinance for the County of Macon codified in the Macon County Code as "Chapter 31: Emergency Management" and replace the same as hereinafter set forth below; and

WHEREAS, the Board of Commissioners finds the same to be in the public interest and to promote the public health, safety and welfare pursuant to authority vested in it by North Carolina General Statute § 153A-121, and Chapter 166A of the North Carolina General Statutes;

NOW, THEREFORE, BE IT ORDAINED by the Macon County Board of Commissioners that:

Chapter 31: Emergency Management, of the Macon County Code, and the Emergency Management Ordinance for the County of Macon as they were heretofore adopted on September 12, 1977, are hereby repealed in their entirety, and the following which shall be known as and cited as "The Emergency Management Ordinance of Macon County" is hereby substituted in lieu thereof:

#### "CHAPTER 31: EMERGENCY MANAGEMENT

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#### Article I. IN GENERAL

#### § 31-1. Short title.

This chapter shall be known and may be cited and referred to as "The Emergency Management Ordinance of Macon County."

#### § 31-2. Purpose statement.

The purposes of this chapter are to set forth the authority and responsibility of Macon County in prevention of, preparation for, response to, and recovery from natural or manmade emergencies or hostile military or paramilitary action and to do the following:

- (1) Reduce vulnerability of people and property of this county to damage, injury, and loss of life and property.
- (2) Prepare for prompt and efficient rescue, care, and treatment of threatened or affected persons.
- (3) Coordinate with state and federal agencies for the orderly rehabilitation of persons and restoration of property.
- (4) Provide for cooperation and coordination of activities relating to emergency mitigation, preparedness, response, and recovery among agencies and officials of this county and with similar agencies and officials of other counties, with state and federal governments, with interstate organizations, and with other private and quasi-official organizations.

#### § 31-3. Definitions.

The following definitions apply in this chapter:

Chair of the board of county commissioners means the chair of the board of county commissioners or, in case of the chair's absence or disability, the person authorized to act in the chair's stead. Unless the governing body of the county has specified who is to act in lieu of the chair with respect to a particular power or duty set out in this chapter, this term shall mean the person generally authorized to act in lieu of the chair.

County-authorized emergency management personnel means persons duly registered, identified and appointed by the director of the county emergency management agency and assigned to participate in an emergency management activity.

**Emergency** means an occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from any natural or manmade accidental, military, paramilitary, weather-related, or riot-related cause.

Emergency area means the geographical area covered by a state of emergency.

Emergency management means those measures taken by the populace and governments at federal, state, and local levels to minimize the adverse effect of any type emergency, which includes the never-ending preparedness cycle of planning, prevention, mitigation, warning, movement, shelter, emergency assistance, and recovery.

Emergency management agency means the local governmental agency charged with coordination of all emergency management activities for its jurisdiction.

**Hazardous materials** means any material defined as a hazardous substance under 29 Code of Federal Regulations, 1910.120(a)(3).

Political subdivision means counties, incorporated cities, and towns.

State of emergency means a finding and declaration that an emergency exists by the board of commissioners or the chair of the board of commissioners, acting under the authority of G.S. 166A-19.22.

#### §§ 31-4 – 31-30. Reserved.

#### ARTICLE II. EMERGENCY MANAGEMENT AGENCY

#### § 31-31. Authority.

Pursuant to G.S. [Ch.] 166A, the North Carolina Emergency Management Act, a county emergency management agency is hereby established.

#### § 31-32. Establishment; director.

The Macon County Emergency Services Director serves as the director of the emergency management agency.

#### § 31-33. Intent.

The intent of this chapter is to establish an agency that will ensure the complete and efficient utilization of all of the county's resources to combat emergencies as defined in this chapter.

The emergency management agency will be the coordinating agency for all activity in connection with emergency management. It will be the instrument through which the board of commissioners may exercise its authority and discharge the responsibilities vested in it during an emergency.

#### § 31-34. Organization and appointments.

The emergency services director, as director, subject to the direction and guidance of the board of commissioners, shall be responsible for the organization, administration and operation of the emergency management agency, and shall designate and appoint deputy directors to assist with the duties of the director in his absence or inability to act.

#### § 31-35. Duties and responsibilities of director.

For the purposes of this chapter, the duties and responsibilities of the director shall include, but not be limited to, the following:

- Enter into contracts, obtain and distribute equipment, materials, and supplies for emergency management purposes and to provide for the health and safety of persons and property, including emergency assistance, consistent with this chapter;
- Direct and coordinate the development of emergency management plans and programs in accordance with the policies and standards set by the North Carolina Division of Emergency Management, consistent with federal and state laws and regulations;
- Be responsible for the planning, coordination and operation of the emergency management activities in the county;
- Be responsible for cooperation and maintenance of liaison with state and federal authorities and the authorities of other political subdivisions to ensure the most effective operation of the emergency management plans;
- Coordinating the recruitment of volunteer personnel and agencies to augment the personnel and facilities of the county for emergency management purposes;
- Such services from persons outside of government may be accepted by local government on a volunteer basis;
- Developing and coordinating plans for the immediate use of all facilities, equipment, manpower and other resources of the county for the purpose of minimizing or preventing damage to persons and property; and protecting and restoring to usefulness governmental services and public utilities necessary for the public health, safety, and welfare;
- Enter into agreements with owners or persons in control of buildings or other property for the use of such buildings or other property for the emergency management purposes and designating suitable buildings as public shelters;
- Through public informational programs, educating the populace as to actions necessary and required for the protection of their persons and property in an emergency, either impending or present;
- Conducting drills and exercises to ensure the efficient operation of the emergency management forces and to familiarize residents with emergency management regulations, procedures and operations;
- Coordinating the activity of all other public and private agencies engaged in any emergency management activities;

- When personnel, equipment, or supplies for an emergency function are not available within the local government, the director is authorized to seek assistance from other governments or from persons outside of government;
- The assignment of duties, when of a supervisory nature, shall also include the granting of authority for the persons to carry out duties prior to, during, and after the occurrence of an emergency; and
- The invoicing of persons liable for hazardous materials release, and, in the event of non-payment, the discretion to proceed with legal action to recover costs.

#### § 31-36. Emergency management plans.

- (a) Comprehensive emergency management plans shall be adopted by resolution of the board of commissioners. In the preparation of these plans as they pertain to county organization, it is intended that the services, equipment, facilities, and personnel of all existing departments and agencies shall be utilized to the fullest extent. All departments and agencies have the responsibility to perform the functions assigned by these plans and be in a current state of readiness at all times. These plans shall have the effect of law whenever an emergency, as defined in this chapter, has been declared.
- (b) The director shall prescribe those positions within the emergency organizational structure for which lines of succession are necessary. In each instance, the responsible person will designate and keep on file with the director a current list of three persons as successors to his position. The list will be in order of succession and will designate persons best capable of carrying out all assigned duties and functions.
- (c) Any individual assigned responsibility in the plans shall be responsible for carrying out all assigned duties and functions. Duties include the organization and training of assigned employees and, where needed, volunteers. Each individual shall formulate the standing operating procedure to implement the plans.
- (d) The director may submit recommended changes to the board of commissioners.

#### §§ 31-37 – 31-65. Reserved.

#### Article III. DECLARATION OF STATE OF EMERGENCY

#### § 31-66. Declaration.

A state of emergency may be declared by the board of commissioners if it finds that an emergency exists. Recognizing that circumstances and practical considerations may dictate a more opportune course, a state of emergency may be declared by the chairperson of the board of commissioners when he or she finds that an emergency exists. The declaration shall be in writing; shall activate any or all of the prohibitions and restrictions as authorized below

and any and all applicable local plans, mutual assistance compacts, and agreements; and shall also authorize the furnishing of assistance thereunder. Reasonable steps shall be taken to give notice to the public of the terms of the declaration. Reports of the substance of the declaration shall be sent to the mass communications media which serve the affected area.

#### § 31-67. Area.

The declaration of state of emergency shall include a definition of the area constituting the emergency area. The emergency area of a state of emergency declared shall not include any area within the corporate limits of any municipality, or within any area of the county over which a municipality has jurisdiction to enact general police-power ordinances, unless the municipality's governing body or mayor consents to or requests the state of emergency's application.

#### § 31-68. When state of emergency take effect.

Upon the declaration of a state of emergency by the board of commissioners or chair of the board of county commissioners enacted under the authority of this chapter the declaration of a state of emergency shall take effect immediately unless the ordinance or declaration sets a later time.

#### § 31-69. Expiration of states of emergency.

Unless otherwise stated in the declaration or the ordinance imposing prohibitions and restrictions adopted pursuant to this chapter, a state of emergency declared pursuant to this chapter shall expire when it is terminated by the official or governing body that declared it

#### § 31-70. Prohibitions and restrictions authorized.

The declaration of state of emergency may or may not include any or all of the following authorized prohibitions and restrictions. Further, the authority to impose by declaration such prohibitions and restrictions under this section, and to impose those prohibitions and restrictions at a particular time as appropriate, may be exercised by official or governing body that declared it. The permitted prohibitions and restrictions include:

- (1) Of movements of people in public places, including imposing a curfew; directing and compelling the voluntary or mandatory evacuation of all or part of the population from any stricken or threatened area within the governing body's jurisdiction; prescribing routes, modes of transportation, and destinations in connection with evacuation; and controlling ingress and egress of an emergency area, and the movement of persons within the area;
- (2) Of the operation of offices, business establishments, and other places to or from which people may travel or at which they may congregate;
- (3) Upon the possession, transportation, sale, purchase, and consumption of alcoholic beverages;

- (4) Upon the possession, transportation, sale, purchase, storage, and use of gasoline, and dangerous weapons and substances, except that this subdivision does not authorize prohibitions or restrictions on lawfully possessed firearms or ammunition. As used in this subdivision, the term "dangerous weapons and substances" has the same meaning as it does under G.S. 14-288.1. As used in this subdivision, the term "firearm" has the same meaning as it does under G.S. 14-409.39(2); and
- Other activities or conditions the control of which may be reasonably necessary to maintain order and protect lives or property during the state of emergency.

#### § 31-71. When prohibitions and restrictions take effect.

All prohibitions and restrictions imposed by authority of this section shall take effect in the emergency area immediately upon publication of the declaration unless the declaration sets a later time. Publication shall include at least (i) posting of a signed copy of the declaration conspicuously posted on the Web site of County, if the County has a Web site, and (ii) submittal of notice and a signed copy of the declaration to the North Carolina Department of Public Safety WebEOC critical incident management system. Publication may also consist of reports of the substance of the prohibitions and restrictions in the mass communications media serving the emergency area or other effective methods of disseminating the necessary information quickly. As soon as practicable, however, appropriate distribution of the full text of any declaration shall be made.

#### § 31-72. Authorized personnel.

The declaration of a state of emergency may or may not exempt from all or any part of prohibitions and restrictions the following persons or groups of persons while acting in the line of and within the scope of their respective duties:

- Law enforcement officers, firefighters and other public employees, rescue squad members, doctors, nurses, employees of hospitals and other medical facilities;
  - On-duty military personnel, whether state or federal;
- On-duty employees of public utilities, public transportation companies, and newspaper, magazine, radio broadcasting, and television broadcasting corporations operated for profit; and
- Such other classes of persons as may be essential to the preservation of public order and immediately necessary to serve the safety, health, and welfare needs of people within the county.

#### § 31-73. Expiration of prohibitions and restrictions.

The prohibitions and restrictions imposed pursuant to this section shall expire upon the earliest occurrence of any of the following:

- (1) The prohibition or restriction is terminated by the official or government body that imposed the prohibition or restriction;
  - (2) The state of emergency is terminated.

#### § 31-74. Supplemental authority.

This section is intended to supplement and confirm the powers conferred by G.S. 153A-121(a), G.S. 160A-174(a), and all other general and local laws authorizing counties to enact ordinances for the protection of the public health and safety in times of riot or other grave civil disturbance or emergency.

§§ 31-75 – 31-125. Reserved.

#### Article IV. MISCELLANEOUS PROVISIONS

#### § 31-126. Superseding and amendatory proclamations.

The board of commissioners or chair may invoke the restrictions authorized by this chapter in separate declarations and may amend any declaration by means of a superseding declaration in accordance with the procedures set forth in [this] chapter pertaining to the prohibitions and restrictions authorized.

#### § 31-127. Termination of declaration.

A state of emergency declared under this chapter shall expire when terminated by the board of commissioners or chair following the same procedures set forth in this chapter.

#### § 31-128. Absence or disability of chairperson.

In the absence or disability of the chair, the vice-chair of the board of commissioners or such other commissioner as may be designated by the board of commissioners shall have and exercise all of the powers given the chair in this chapter.

#### § 31-129. Governmental functions.

All functions and other activities relating to emergency management as provided for in this chapter or elsewhere in the Macon County Code are hereby declared to be governmental functions. Except in cases of willful misconduct, gross negligence, or bad faith, any emergency management worker, firm, partnership, association, corporation, or agent complying with or reasonably attempting to comply with this chapter or any order, rule, or regulation promulgated pursuant to the provisions of this chapter or pursuant to any ordinance relating to any emergency management measures enacted by the county, shall not be liable for the death of or injury to persons, or for damage to real or personal property as a result of any such activity.

#### § 31-130. No private liability.

Any person, firm, or corporation, together with any successors in interest, if any, owning or

controlling real or personal property who, voluntarily or involuntarily, knowingly or unknowingly, with or without compensation, grants a license or privilege or otherwise permits or allows the designation or use of the whole or any part or parts of such real or personal property for the purpose of activities or functions relating to emergency management as provided for in this chapter or elsewhere in the Macon County Code shall not be civilly liable for the death of or injury to any person or the loss of or damage to the property of any persons where such death, injury, loss, or damage resulted from, through, or because of the use of the real or personal property for any of the above purposes, provided that the use of the property is subject to the order or control of or pursuant to a request of the state government or Macon County.

#### § 31-131. Violations.

Any person who violates any provision of an ordinance or a declaration enacted or declared pursuant to this chapter shall be guilty of a Class 2 misdemeanor in accordance with G.S. 14-288.20A.

#### § 31-132. Civil liability of persons who willfully ignore a warning in an emergency.

In an emergency, a person who willfully ignores a warning regarding personal safety issued by a federal, state, or local law enforcement agency, emergency management agency, or other governmental agency responsible for emergency management under [this] chapter is civilly liable for the cost of a rescue effort to any governmental agency or nonprofit agency cooperating with a governmental agency conducting a rescue on the endangered person's behalf if all of the following are true:

- (1) The person ignores the warning and (i) engages in an activity or course of action that a reasonable person would not pursue or (ii) fails to take a course of action that a reasonable person would pursue.
- (2) As a result of ignoring the warning, the person places himself or herself or another in danger.
- (3) A governmental rescue effort is undertaken on the endangered person's behalf.

#### Section 31-133. Effective Date of this Ordinance.

The Ordinance shall become effective when adopted by the Macon County Board of Commissioners."

Upon	motion	made	by	Commissioner	,	seconded	by	Commissioner
	, t	his Ordi	nanc	e was passed, ado	pted and orda	ined by th	ie una	animous vote of
the Ma				Commissioners				
				on County Board				, ,
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Jim Ta	te, Chairi	nan, Ma	acon	County Board of	Commissione	ers		
Attest:								
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Clerk o	of the Boa	ird of M	lacon	County Commiss	sioners			
(COU	NTY SEA	AL)						



1815 South Tryon Street Suite A Charlotte, NC 28203

704.332.5668 sganwdesign.com

May 18, 2020

Jack Morgan MCMS Renovation Project Representative Macon County 1834 Lakeside Drive Franklin NC 28734

Re:

Macon County Middle School Renovations - Request for Additional Services for IT scope changes

Macon County Middle School SGA|NW Project: 19-170-01

Dear Jack:

We respectfully request additional design services fees relative to additional scope for IT related items as identified in recent meetings. This request from the IT consultant contains no mark up from SGA|NW and is attached here for your review and consideration. The attached document references and affirms that scope changes relative to their site visit meeting on March 11, 2020 and additional scope items discussed in our meeting on May 5, 2020 are covered by this request.

The total amount of this request is \$16,600.00 (Sixteen Thousand Six Hundred Dollars).

We believe this request to be valid and appropriate.

Thank you in advance for your review and processing of this item. Please let me know if you need any additional information.

Yours Truly:

SGA | NarmourWright Design, PA

Mark W. Sealy, AIA Principal

cc:

Doug Burns Chris Coleman

enc.

May 18, 2020

Mr. Michael Rogers Vice President NV5 1928 South Boulevard, Suite 300 Charlotte, NC 28203

Re:

Macon Middle School Renovation - Additional Services

Proposal for Structured Cabling and Building Security Consulting Services.

Dear Michael,

Thank you for inviting The Sextant Group to submit this add service proposal for the Macon Middle School Renovation Project.

These additional services are based on a site visit meeting at Macon Middle School on March 11, 2020 and changes discussed in a May 5, 2020 meeting between Tim Burrell (MCSD), Mark Sealy (SGA/NW) and Chris Coleman (SGA/NW).

#### ADDITIONAL SERVICE

- 1. Add design services for expansion of the paging system as requested by the owner.
- 2. Add design services for the expanding data outlets needed in the (2) computer labs.
- Add design services for the new and revised data outlet locations being served by the (3) IT rooms that are to be re-located.
- 4. Add (1) additional site visit during the Construction Administration phase of the project due to the increase of scope.

#### Assumptions for Additional Service

- 1. The owner will provide a markup for the locations of the data outlets that will be served from the (3) IT rooms that are to be located.
- 2. The owner will provide a markup for the locations of the additional cameras that are needed in the wings of the building that is served from the (3) IT rooms. No site survey is included; alternatively, we can provide this service as an additional service if desired.
- 3. Detailed demolition plans are not needed for the DD/CD submission.
- 4. The existing paging systems is an IP-based system capable of expansion as needed.

#### GENERAL SCOPE OF WORK ASSUMPTIONS

This scope of work is based on the following assumptions:

- a) If required, infrastructure drawings will be electronically stamped by a Registered Communications Distribution Designer (RCDD); audiovisual drawings will be electronically stamped by a Certified Technology Specialist – Design (CTS-D). Each designation represents the highest level of certification available in the respective field.
- b) Design revisions based on changes initiated by the Owner or Design Team after submittal of 100% Construction Documents may result in additional services and associated fees.

Macon Middle School Renovation Add Services May 18, 2020 Page 2

#### **OPTIONAL SERVICES**

The following services are listed for consideration. We welcome the opportunity to discuss each element as appropriate.

- → Predictive Heat Map (to optimize wireless network design)
- + Voice/Data System Electronics / Distributed Antenna System (DAS) Design
- + Acoustics & Vibration Control Design/CSI Specifications for recommended Acoustical products

#### **FEES AND EXPENSES**

Discipline	Fee
Additional Services	\$ 16,600
TOTAL:	\$ 16,600

#### **PAYMENT TERMS**

Payment terms are Net 30 days or per terms of the prime agreement. Typical expenses are included above.

If you wish to discuss this further, please contact Paul Bruckman at 919.275.6108 or <a href="mailto:pbruckman@TheSextantGroup.com">pbruckman@TheSextantGroup.com</a>.

Thank you for your consideration, Michael. We look forward to a highly successful project together.

Sincerely,	Accepted by:	
THE SEXTANT GROUP, INC.		
John A. Cook		
Vice President	D	
vice President	Print name	Date

#### MACON COUNTY BOARD OF COMMISSIONERS

#### **AGENDA ITEM**

#### **CATEGORY – CONSENT AGENDA**

#### **MEETING DATE: AUGUST 11, 2020**

Item 12A. A draft copy of the minutes of the May 26, 2020 continued session and the June 2, 2020 continued session are included in this packet. The draft minutes from the June 9, 2020 regular meeting will be provided to you via email prior to the meeting. (Mike Decker)

Item 12B. Budget Amendments #34-47 are attached for your review and approval. (Lori Carpenter)

Item 12C. A memo regarding tax releases in the amount of \$1,558.98 for the month of July is attached for your review and approval. (Teresa McDowell)

Item 12D. A copy of the ad valorem tax collections report for the month of July. No action is required on this item. (Teresa McDowell)

# MACON COUNTY BOARD OF COMMISSIONERS CONTINUED SESSION MAY 26, 2020 MINUTES

Chairman Tate reconvened the meeting at 6:00 p.m. as recessed from the May 12, 2020 regular meeting, and noted that the primary reason for the meeting was to discuss the proposed Fiscal Year 2020-21 budget. Due to Gov. Roy Cooper's Executive Order limiting the number of people at a mass gathering to 10 due to COVID-19, physical participation at the meeting in the boardroom was limited to that number. All five commissioners were physically present and practiced social distancing. County Manager Derek Roland was also present, as was Finance Director Lori Carpenter. Deputy Clerk Mike Decker watched the meeting via live stream, and County Attorney Chester Jones participated via telephone. A reduced number of members of the media were allowed to attend.

Chairman Tate asked Mr. Jones about additional items for the agenda, one being a revised resolution for the Hospice House project, and the other being a revised contract with the Reed Estate. Mr. Shields added an item, asking to request that the Macon County Planning Board consider a review of the county's telecommunication tower ordinance. Mr. Roland also added an item regarding a brief update on CARES Act funding. The board members agreed to the revised agenda by consensus.

Prior to discussing the items on the agenda, Commissioner Beale offered condolences regarding the death of Macon County Sheriff's Deputy David Head and his wife, Dawn, following a motorcycle accident in Clayton, GA on May 23<sup>rd</sup>. Funeral services are scheduled for Thursday, May 25, at 11 a.m. in Scaly Mountain, and Commissioner Beale said a funding page will be set up on the sheriff's webpage to help the family. Chairman Tate called Mr. Head "a good friend of mine," pointing out that the two played Little League baseball together, and that for a period of time Mr. Head was part of his landscaping firm's team. Commissioner Beale said a 22-year-old was charged in the multi-vehicle accident.

**UPDATE ON TAX SOFTWARE CONTRACT:** Tax Administrator Abby Braswell presented a PowerPoint presentation regarding an update on a contract with BiTek to provide an integrated tax office software system for the county. A copy of

Minutes 05.26.20 Page **1** of **6** 

that presentation is attached (Attachment 1) and is hereby made a part of these minutes. She explained that a major change in the contract had taken place, with Bi-Tek agreeing to reimburse the county a pro-rated portion of the project fees if the firm unilaterally terminates the agreement within 60 months of the date it is signed. With a license fee of \$309,656, she said that means the county would receive a reimbursement of \$5,160.33 for each month within that timeframe that the firm asks to be released from the agreement. She then covered the anticipated schedule for release, noting that the new system is expected to be "live" by March 2021. Next up was the license and fee schedule, with the county expected to pay a yearly fee of \$51,171 as shown. That was followed by a breakdown of the one-time project fee of \$309,656, none of which is due at the signing of the contract, Mrs. Braswell pointed out, but is due April 1, 2021. She also noted that 15 days of on-site training is expected and is provided at a rate of \$1,000 per day. She requested that the board approve the "Master Agreement," an unexecuted copy of which is attached (Attachment 2), and authorize Mr. Roland to sign it. Mr. Jones interjected that there is also a need for signatures on the software license and support agreement, which is included as "Exhibit B" in the document. Following further discussion, and upon a motion by Commissioner Gillespie, seconded by Commissioner Beale, the board voted unanimously to approve the request as presented.

UPDATE ON MACON MIDDLE SCHOOL PROJECT: Commissioner Beale said the school liaison committee members, he and Commissioner Shields, had met and discussed the planned renovation of Macon Middle School. However, he explained that proceeding with the project could "constrain" the board in the future in terms of borrowing money. He spoke of an \$11-million amount that the county was to receive, and he said that if that money comes through, then great, but if it doesn't, "it will handcuff this board." He further explained that county officials have approximately 90 days in which to tell the architect on the project how to proceed, and he and Commissioner Shields suggested that the county use that time to allow for a better view on financing the project, and that the committee's recommendation is to postpone any progress on the project. Mr. Roland spoke to the economic uncertainty of the project due to questions about getting money from the state, and said a provision in the agreement with the architectural firm allows for "suspension" of the project. Commissioner Beale said that if the county moves forward without assurances of receiving the additional funding, it would limit the county's borrowing for the next five to seven years. He then made a motion to suspend the project, authorize Mr. Roland to contact the architect regarding the county's plans, and to notify the Macon County Board of Education of the county's action. Commissioner Shields seconded the motion, and all favored.

### DISCUSSION REGARDING RECOMMENDED FISCAL YEAR 2020-21 BUDGET:

- (A) Otto Volunteer Fire Department: Chairman Tate told the board that he had lunch with Otto Volunteer Fire Department Chief Terry Rholetter two to three weeks ago and discussed the department's request for a tax increase, and that he had shared with Mr. Rholetter that "it was a very, very tough year" to consider approving that. He said that Mr. Rholetter would make a presentation to the board at its June regular meeting.
- (B) Macon County Schools: School Superintendent Dr. Chris Baldwin told the board that we are "all dealing with COVID-19," but that the system was working on the assumption that the new school year would start on August 17th. Meanwhile, he said that Nantahala will have graduation on June 5th, but both Franklin and Highlands have been postponed until at least August 1st. Chairman Tate said that he has sat through many budget discussions but has "never heard so little" from the schools, as this time on the agenda had consumed less than five minutes. Commissioner Beale pointed out that 26 percent of the county's budget goes to fund education, and he said Dr. Baldwin and the members of the school board "realize we're all in this mess together."
- (C) Macon County Solid Waste: Solid Waste Director Chris Stahl began by talking about the proposed increase in the annual landfill fee, which would rise \$13 from \$95 a year to \$108. He explained that the market for recyclables has gone away, and he is projecting a \$300,000 loss to revenue to the solid waste's department's enterprise fund because of that, adding that the bulk of the money from the increased fee will go to replace that loss. Mr. Stahl said that a \$1 increase in the fee generates approximately \$27,000 in revenue. The discussion then turned to a proposal to take some of the county's part-time recycling convenience center attendants and make them permanent part-time employees, which would allow them to participate in the local government employees retirement system, would allow them to accrue annual and sick leave, and would allow them to participate in the county's 401(k) retirement program. Mr. Stahl said that plans for this have not been finalized, but the cost of making this switch would be anywhere from \$35,000 to \$50,000. The 30 or so part-time attendants targeted in the plan would not receive a salary adjustment, while another 25 or so employees would no longer have jobs. Further discussion centered on the department's enterprise fund and plans to renovate the recycling centers, with Mr. Stahl pointing out that the centers were put in place in the late 1980s to early 1990s. Commissioner Higdon expressed his displeasure with the proposed increase in the landfill fee, which turned into a broader discussion about the impact of recycling.

Chairman Tate commented later that in terms of the new budget, every single department across the county is "taking a hit this year," and asked Mr. Stahl why his department's expenditures were increasing, which led to more discussion.

(D) General budget discussion: Mr. Roland asked the board members if there was any reason that they couldn't support passage of the recommended budget. Following brief discussion about the logistics of hearing from Otto Volunteer Fire Department about its proposed tax increase, Commissioner Beale said that he hates to see the money for the Community Funding Pool cut in half, and asked that this item be reviewed mid-year as planned. MR. Roland said the plan is to assess where revenues are in six months, but for now, the planned reductions allow the county to continue operating and provide services without "relying on our savings account." He also noted the plan to reorganize the Buildings and Grounds and Parks and Recreation departments, essentially by moving some employees of the former department to the latter department where the primary duty of those employees already centers on maintenance of park facilities. Chairman Tate stated that "the only thing I'm hearing" is concern regarding the Otto VFD tax increase, and suggested having another meeting before the public hearing and potential adoption of the budget at the June 9 regular meeting.

**BUDGET AMENDMENTS:** Upon a motion by Commissioner Gillespie, seconded by Commissioner Beale, the board voted unanimously to approve budget amendments #279, 280, 281 and 282 as presented by Mrs. Carpenter. Copies of those budget amendments are attached and are hereby made a part of these minutes.

REVISED RESOLUTION REGARDING HOSPICE HOUSE: Mr. Jones explained that when the board adopted a prior resolution regarding the Hospice House project, the group that is looking to build and operate a hospice house in Franklin was doing business under a different name. He said the new version contains the correct name, and that nothing else has changed. Upon a motion by Commissioner Beale, seconded by Commissioner Shields, the board voted unanimously to approve a Revised Resolution Concerning Rural Building Reuse and Infrastructure Application to the North Carolina Department of Commerce by Macon County for Project Titled 'SECU Hospice House,' a copy of which is attached (Attachment 3) and is hereby made a part of these minutes.

**REVISED CONTRACT WITH THE REED ESTATE:** Following an explanation by Mr. Jones regarding the correction of a typographical error and the revision of some dates, upon a motion by Commissioner Higdon, seconded by Commissioner Gillespie, the board voted unanimously to approve an Agreement

Minutes 05.26.20 Page **4** of **6**  for Purchase and Sale of Real Property with the Reed Estate, a copy of which Chairman Tate signed and is attached (Attachment 4) and is hereby made a part of these minutes.

DISCUSSION REGARDING TELECOMMUNICATION TOWER ORDINANCE: Commissioner Shields expressed his concern that if COVID-19 comes back or continues to be an issue, broadband access in the county is not what it needs to be to support students learning from home as schools are closed. He said that approximately 40 percent of students have access that is "fine," but for 30 percent it is "not good" and the remaining 30 percent have "nothing." He suggested having the county planning board review the telecommunication tower ordinance to determine if the county can make it easier for providers to place towers in the county and increase broadband access and "stay out of this academic slide." Jack Morgan, the county's director of planning, permitting and development, said there is a desperate need for internet connectivity in Macon County, and talked about a revised process for tower approvals that would be quicker and benefit the provider. As it stands now, he said the process from start to finish takes about four months to complete. Following further discussion, no action was taken.

**CARES ACT FUNDING:** Mr. Roland explained that he needs to have a plan available by June 1 on how to spend the \$833,421 in CARES Act funding from the state. He noted that he has asked all county departments to account for expenses related to COVID-19, and that a portion of the funding is to go to the towns of Franklin and Highlands. This turned into discussion of another meeting, and the board agreed by consensus to recess this meeting until Tuesday June 2, 2020 at 6 p.m. in the boardroom. Commissioner Beale asked that Public Health Director Kathy McGaha update the board at that time regarding the latest COVID-19 statistics for the county.

**CLOSED SESSION:** Upon a motion by Commissioner Beale, seconded by Commissioner Gillespie, the board voted unanimously to go into closed session at 8:02 p.m. for the purposes of discussing potential property acquisition under NCGS 143-318.11(a)(5) and to preserve the attorney/client privilege under NCGS 143-318.11(a)(3). At 8:31 p.m., upon a motion by Commissioner Higdon, seconded by Commissioner Gillespie, the board voted to return to open session. No action was taken.

**RECESS:** With no other business, and at 8:32, p.m., upon a motion by Commissioner Shields, seconded by Commissioner Beale, the board voted unanimously to recess the meeting until Tuesday, June 2, 2020 at 6 p.m. in the

Minutes 05.26.20 Page **5** of **6** 

commission boardroom on the third floo located at 5 West Main Street in Franklin,		County	Courthouse,
Derek Roland Ex Officio Clerk to the Board	Jim Tate Board Chairma	n	

# MACON COUNTY BOARD OF COMMISSIONERS CONTINUED SESSION JUNE 2, 2020 MINUTES

Chairman Tate reconvened the meeting at 6:00 p.m. as recessed from the May 26, 2020 continued session, and stated that the purpose of the meeting was to discuss the proposed tax rate increase for Otto Volunteer Fire Department, to continue discussion regarding the proposed Fiscal Year 2020-21 budget, and to consider a lease agreement with the Cowee School Arts and Heritage Center. Due to Gov. Roy Cooper's Executive Order limiting the number of people at a mass gathering to 10 due to COVID-19, physical participation at the meeting in the boardroom was limited to that number. All five commissioners were physically present and practiced social distancing. County Manager Derek Roland was also present, as was Finance Director Lori Carpenter. Deputy Clerk Mike Decker watched the meeting via live stream, and County Attorney Chester Jones participated via telephone. A reduced number of members of the media were allowed to attend.

#### OTTO VOLUNTEER FIRE DEPARTMENT TAX INCREASE REQUEST:

Chairman Tate recognized Terry Rohletter, the chief of the Otto Volunteer Fire Department, who said the department is seeking a tax increase for the purpose of building a new fire station. Mr. Rohletter explained that a new facility was needed in order for the department to meet ISO insurance standards in the future. He said the cost of the new 12,000-square-foot building is estimated at \$3.7-million. He also noted that a possible deal is in the works with Macon County Emergency Services to use the current facility as an ambulance base for the southern part of the county. The proposed tax increase would be 0.0384cent, and would bring the new rate to 0.1068-cents per \$100 of property valuation. Mr. Rohletter stated it was "a bad year" to be asking for a rate increase, "but we have to provide a service to the community." He told the board the increase does have community support, saying that approximately 15 people showed up at an "open house" to learn about the plan for the new station and all were in support. He also said some 3,200 letters were mailed to property owners, and out of 30 responses, only one was negative. He asked the board to consider the increase, as the last change in the department's tax rate was in 2016. Following further discussion, Mr. Rohletter introduced the architect on the project, who presented the plans for the new structure, and told the board it would be a year and a half before the building was in operation, if the

> Minutes 06.02.20 Page **1** of **2**

groundbreaking was today. Mr. Rohletter and several of the board members then engaged in a lengthy discussion, but with Chairman Tate pointing out that there is "just not support on the board for a tax increase this year." Following further discussion, no action was taken.

**DISCUSSION REGARDING PROPOSED FISCAL YEAR 2020-21 BUDGET:** With regard to the county manager's recommended budget for Fiscal Year 2020-21 budget, there were no questions or concerns voiced by the board members, and Commissioner Higdon expressed his thanks to Mr. Roland and Mrs. Carpenter for their work. No action was taken.

CONSIDERATION OF LEASE AGREEMENT WITH COWEE SCHOOL ARTS AND HERITAGE CENTER: Mr. Roland explained that there was a typographical error in the previous version of the five-year lease agreement the board had approved with the Cowee School Arts and Heritage Center, where a date of April 30, 2020 should have read April 30, 2025. At the request of Mr. Jones, Mr. Roland asked the board to approve a "Resolution of the Macon County Board of County Commissioners to Revise a Five Year Lease in Order to Correct a Typographical Error in the Same." Upon a motion by Commissioner Beale, seconded by Commissioner, the board voted unanimously to approve the resolution as presented, a copy of which is attached (Attachment 1) and is hereby made a part of these minutes. Then, upon a motion by Commissioner Beale, seconded by Commissioner Shields, the board voted unanimously to approve a "Revised Lease to Cowee School Arts and Heritage Center from Macon County, a copy of which is also attached (Attachment 2) and is hereby made a part of these minutes.

**UPDATE ON MACON MIDDLE SCHOOL PROJECT:** Mr. Roland gave the board a brief update on the Macon Middle School renovation project, noting that the architectural firm is at a point with the plans where they can be "ready to hit the street" for bids. He advised the board that it makes sense to allow them to finish the bid package for the project and then the county can put it out for bids when it is ready. No action was needed.

**ADJOURN:** With no other business, and at 6:44 p.m., upon a motion by Commissioner Beale, seconded by Commissioner Shields, the board voted unanimously to adjourn.

Derek Roland

Derek Roland

Jim Tate

Ex Officio Clerk to the Board

Board Chairman

Minutes 06.02.20 Page **2** of **2** 

## MACON COUNTY BUDGET AMENDMENT AMENDMENT # 34

FROM: M. CHRIS STAHL

DEPARTMENT: SOLID WASTE

EXPLANATION: MOVING MONEY TO FY 20-21. PROJECTS NOT COMPLETED IN LAST

BUDGET YEAR.

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
60 4715 569506	CAPITAL IMPROVEMENTS	232516.00	
	(MCGILL - \$1,000)		
	(PANEL BUILT-\$50,195.74)		
<u> </u>	(APPALACHIAN-\$92,720.00)		
	(APPALACHIAN - \$88,600.00)		
60 3472 447203	FUND BALANCE APPROPRIATED	232516.00	
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APPROVED AND	ENTERED ON MINUTES DATED		
CLERK		<del></del> _	

AMENDMENT # 35

FROM: FINANCE

DEPARTMENT:

DSS

EXPLANATION:

Covid Social Work Funds

LAI LANATION,	Covid Social Work Funds		
	DESCRIPTION	INCREASE	DECREASE
11-3560-4396-01	CARES ACT-APS/CPS ESS WORKER	\$18,206	
11-5360-5500-02	SW PT SALARY	\$16,912	
11-5360-5502-01	SW MEDICARE/FICA	\$ 1,294	
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REQUESTED BY DE	EPARTMENT HEAD	A V	
RECOMMENDED B	Y FINANCE OFFICER	eth Carga	#5
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ACTION BY BOARD	OF COMMISSIONERS 8/1//	2020 meetin	<u> </u>
APPROVED AND EN	NTERED ON MINUTES DATED		
CLERK			

AMENDMENT # 36

FROM: FINANCE

DEPARTMENT:

DSS

EXPLANATION: Carry Forward of donations

	DESCRIPTION	INCREASE	DECREASE
11-3840-4179-00	Fund Balance	\$1,641	
11-5314-5675-19	Foster Care - General	\$1,119	
11-5314-5750-55	Donations/Concessions	\$ 522	
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Date:

7/17/2020

DEPARTMENT: HEALTH

Carry forward money received as prepayment for Rabies vaccine in FY20 that will be received and administered in FY21.

ACCOUNT	DESCRIPTION	INCR	EASE	DECREASE
113840-417900	Fund Balance Appropriated	\$	1,545.00	
115145-565002	Disease Control/Foreign Travel/Other Vaccines	\$	1,545.00	
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REQUESTED BY DEPARTMENT HEAD	un Mc Nepen
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APPROVED BY COUNTY MANAGER	
ACTION BY BOARD OF COMMISSIONERS	8/11/20 meeting
APPROVED AND ENTERED ON MINUTES DA	TED_
CLERK	

MACON COUNTY BUDGET AMENDMENT AMENDMENT # 38

Date:

7/17/2020

DEPARTMENT: HEALTH

EXPLANATION: Need to roll donations into FY21 (for FY20: 113850-445801 = \$1115 & 114380-575055 = \$135)

ACCOUNT	DESCRIPTION	INCF	REASE	DECREASE
113840-417900	Fund Balance Appropriated	\$	1,250.00	<u></u>
114380-575055	Animal Control Donations	\$	1,250.00	
			1,200,00	<del>                                     </del>
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APPROVED BY COUNTY MANAGER	
ACTION BY BOARD OF COMMISSIONERS	8/11/2020 meeting
APPROVED AND ENTERED ON MINUTES DA	ATED
CLERK	

MACON COUNT	Y BUDGET	AMENDMENT
MACON COUNT' AMENDMENT#	39	

F421

DEPARTMENT: HEALTH

EXPLANATION:

Need to carry forward unexpended Contributions money to current FY 21.

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
113840-417900	Fund Balance Appropriated	7188	
115128-555126	Mountainwise Services - Local	7188	
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ECOMMENDED BY	ARTMENT HEAD FAIL MINANCE OFFICER DIMCA	yuto	_
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## MACON COUNTY BUDGET AMENDMENT AMENDMENT # 4-10

F421

DEPARTMENT: HEALTH

EXPLANATION:

Need to decrease Appalachian Mtn Comm. HIth grant for current FY 21

Additional expenses for June that was not estimated.

Decrease expenses and revenues from \$35,205 to \$29,966.

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
115128-555124	RCORP Grant		5239
113511-426010	RCORP Grant	-	5239
			<u> </u>
		-	
REQUESTED BY DEPAI			ua A Clark
RECOMMENDED BY FI	NANCE OFFICER SOM	afito	
APPROVED BY COUNT	Y MANAGER	<i>V</i>	
ACTION BY BOARD OF	COMMISSIONERS 8/11/20 V	ncetry	·
APPROVED AND ENTE	RED ON MINUTES DATED		
CLERK			<del></del>

MACON COUNT	ΥBU	JDGET	<b>AMENDI</b>	MENT
AMENDMENT#	41			

DEPARTMENT: HEALTH

**EXPLANATION:** 

Need to carry forward unexpended grant money to current FY 21 Increase expenditures and revenues from \$366,743 to \$368,896.

ACCOUNT	DESCRIPTION		INCDEACE	DECDEACE
115128-555127	GusNIP Grant		INCREASE 2,153.00	DECREASE
440544 400040				
113511-426012	GusNIP Grant		2,153.00	
_				
<u> </u>				
REQUESTED BY DEP.	ARTMENT HEAD TU	Mortina	Sham	a Clark
RECOMMENDED BY	FINANCE OFFICER	Klein (y	yati	_
APPROVED BY COUN	TY MANAGER			
ACTION BY BOARD O	DF COMMISSIONERS	8/11/20 me	etins	······
APPROVED AND ENT	ERED ON MINUTES DATE			<del></del>
CLERK				

## MACON COUNTY BUDGET AMENDMENT AMENDMENT # 49

DEPARTMENT: HEALTH

EXPLANATION:

Need to carry forward unexpended grant money to current FY 21 Increase expenditures and revenues from \$429,621 to \$461,255.

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
115128-555122	Appalachian Region Commission	31,634.00	
113511-426009	Appalachian Region Commission	31,634.00	
	- The state of the	01,001.00	
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	/ _/		
REQUESTED BY DEPAR	TMENT HEAD KATHE W. TKIC NANCE OFFICER ROUNCE	<u>Shawa</u>	Jark Jark
	$\omega_{\alpha}$		
RECOMMENDED BY FIR	NANCE OFFICER / //	apali	·
APPROVED BY COUNTY	/ MANAGER	·	
ACTION BY BOARD OF	commissioners 8/11/20 me	ecting	
APPROVED AND ENTER	RED ON MINUTES DATED	0	
CLERK			

AMENDME	NT#	Health		
DEPARTME	NT	Health	<del></del>	
EXPLANATI	ON	Carry forward funds from CARES act provider relief funds.		
				<u> </u>
ACCOUNT		DESCRIPTION	INCREASE	DECREASE
115121		OPERATING SUPPLIES	5,852.00	
113840	417900	FUND BALANCE APPROPRIATED	5,852.00	
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REQUESTED				
		ANCE OFFICER ON OUNCE		
APPROVED E		MANAGER	-	
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	& ENTERED	ON MINUTES DATED 3		
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MACON COUNTY BUDGET AMENDMENT

MACON COUNTY BUDGET AMENDMEN	MACON	COUNTY	BUDGET.	AMENDME	นา
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AMENDMENT#

4

DEPARTMENT EXPLANATION

Adjust carry forward of funds received from State Coronavirus Relief Fund (through CARES Act).

(to account for expenditures claimed March 1 - June 30, 2020)

ACCOUNT		DESCRIPTION	INCREASE	DECREASE
113840	417900	FUND BALANCE APPROPRIATED	INCREASE	696,715
119400	550001	SALARY		309,000
119400	550201	MEDICARE/FICA	<del></del>	23,639
119400		HOSPITALIZATION	<del></del>	23,039
119400	550206	LIFE INSURANCE	<del></del>	
119400	550207	RETIREMENT-GENERAL	<del></del>	31,611
119400	550701	COUNTY 401K		6,180
119400		CONTRACTED SERVICES		0,180
119400		SUPPLIES		109,463
119400	559700	NON-CAPITAL EQUIPMENT	<del></del>	103,403
119400	561103	EMERGENCY PAID SICK LEAVE		17,156
119400	561104	EMERGENCY FMLA EXPANSION ACT		20,192
119400		CAPITAL EQUIPMENT		20,132
119400	569504	OTHER CAPITAL STRUCTURES		
119400	569701	TOWN OF FRANKLIN		75,296
119400	569702	TOWN OF HIGHLANDS	<del></del>	104,178
			-	104,176
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REQUESTED BY DEPARTMENT HEAD	
RECOMMENDED BY FINANCE OFFICER	m. seito
APPROVED BY COUNTY MANAGER	
ACTION BY BOARD OF COMMISSIONERS 8/11/2/	meebre.
APPROVED & ENTERED ON MINUTES DATED	
CLERK	

MACON COUNTY	BUDGET	AMI	NDMENT
AAACNIDA ACNIT II		J	16

AMENDMENT #
DEPARTMENT

CARES ACT

EXPLANATION

Appropriate additional funds received from State Coronavirus Relief Fund (through CARES Act).

ACCOUNT	_	DESCRIPTION	INCREASE	DECREASE
113850		CARES ACT	695,930	Decker Co.
119400		SALARY	372,764	<del> </del>
119400		MEDICARE/FICA	372,701	
119400	550203	HOSPITALIZATION	-	
119400		LIFE INSURANCE	-	
119400	550207	RETIREMENT-GENERAL	-	
119400	550701	COUNTY 401K		
119400	555106	CONTRACTED SERVICES		
119400	556000	SUPPLIES	60,828	
119400	559700	NON-CAPITAL EQUIPMENT	- 30,625	
119400	561103	EMERGENCY PAID SICK LEAVE		-,
119400	561104	EMERGENCY FMLA EXPANSION ACT	-	<del></del>
119400	569502	CAPITAL EQUIPMENT	_	
119400	569504	OTHER CAPITAL STRUCTURES		
119400	569701	TOWN OF FRANKLIN	131,169	· · · · · · · · · · · · · · · · · · ·
119400	569702	TOWN OF HIGHLANDS	131,169	<del></del>
			152,205	<del></del>
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REQUESTED BY DEPARTMENT HEAD	
RECOMMENDED BY FINANCE OFFICER AND COLOREST	<del></del> ·
APPROVED BY COUNTY MANAGER	<del></del>
ACTION BY BOARD OF COMMISSIONERS 8/11/20 mer. 5/11/	<del></del> -
APPROVED & ENTERED ON MINUTES DATED	<del></del>
CLERK	

## $\frac{\text{MACON COUNTY BUDGET AMENDMENT}}{\text{AMENDMENT}} \\ \underline{\textbf{4} \quad \textbf{4} \quad \textbf{6}}$

FROM: Robert L Holland

DEPARTMENT: Sheriff
EXPLANATION: Insurance Settlement

XPLANATION: I CCOUNT	nsurance Settlement DESCRIPTION	INCREASE	DECREASE
11-3839-4850-00	Insurance Settlement	\$3,048.00	
11-4310-5565-03	Vehicle Repairs	\$3,048.00	
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<u></u>			
**********			
QUESTED BY DE	PARTMENT HEAD	John Hall	<i>D</i>
COMMENDED BY	Y FINANCE OFFICER	Leun Carpote	<u>ت</u>
PROVED BY COL	NTY MANAGER		
TION BY BOARD	OF COMMISSIONERS	8/11/20 meeting	
PROVED AND EN	TERED ON MINUTES DATED	<i></i>	
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MACON COUNTY BUDGET AMENDMENT  AMENDMENT #							
FROM: FINANCE							
DEPARTMENT: TRANSEXPLANATION:							
ACCOUNT	DESCRIPTION	IN	ICREASE	DECREASE			
11-4935-5611-02	CARES ACT	\$	15,158.00				
11-3570-4457-15	CARES ACT		15,158.00	<u> </u>			
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·							
REQUESTED BY DEPAR	RTMENT HEAD:	Kim	n Angel				
RECOMMENDED BY FIN	NANCE OFFICER:	M	Carpat				
APPROVED BY COUNT	,						
ACTION BY BOARD OF	COMMISSIONERS: 8/1/20	) r	no ctile	<del></del>			
APPROVED AND ENTER	RED ON MUNIS DATED:						

CLERK:

Macon County Tax Office 5 West Main Street Franklin, NC 28734



Phone: (828) 349-2149 Fax: (828) 349-2564 tmcdowell@maconnc.org

TO:

MACON COUNTY COMMISSIONERS

FROM:

Macon County Tax Office

Teresa McDowell, Tax Collections Supervisor

DATE:

August 3, 2020

RE:

Releases

Attached please find the report of releases for real estate that require your approval in order to continue with the process of releasing these amounts from the tax accounts. Please feel free to contact me if you should have any questions regarding these releases. The report of the releases formatted in alphabetical order is attached.

AMOUNT OF RELEASES FOR July, 2020: \$1,558.98

# MACON COUNTY MONTHLY AD VALOREM TAX COLLECTIONS REPORT

Jul-20

		Collection Percentage	0.96 1.08 1.17 0.99
Outstanding Balance	-273759.8 28288817.07 -42060.94 3864113.9 -34113.5 2884693.41 -49934.24 35037624.38	Outstanding Balance	-273759.8 28288817.07 -42060.94 3864113.9 -34113.5 2884693.41 349934.24 35037624.38
Less Refunds Misc Dr/Cr Net Payments	-273759.8 -42060.94 -34113.5 -349934.24	Net Payments	-273759.8 -42060.94 -34113.5 -349934.24
Misc Dr/Cr	4.46 0 0 4.46	Misc Dr/Cr	4.46 0 0 4.46
Less Refunds	822.59 0 0 822.59	Less Refunds	822.59 0 0 822.59
Gross Payments	-274586.85 -42060.94 -34113.5 -350761.29	Gross Payments	-274586.85 -42060.94 -34113.5 -350761.29
Equals Adj Levy	-1098.26 28562576.87 -274586.85 -164.28 3906174.84 -42060.94 -1.09 2918806.91 -34113.5 -1263.63 35387558.62 -350761.29	Equals Adj Levy	-1098.26 28562576.87 -274586.85 -164.28 3906174.84 42060.94 -1.09 2918806.91 -34113.5 -1263.63 35387558.62 -350761.29
Less Write-Offs	-1098.26 -164.28 -1.09 -1263.63	Less Write-Offs	-1098.26 -164.28 -1.09 -1263.63
Less Releases	0000	Less Releases	0000
Levy Added	0 28563675.13 0 3906339.12 0 2918808 0 35388822.25	Levy Added	28563675.13 3906339.12 2918808 35388822.25
Beginning Balance	0000	Beginning Balance	0000
Month to Date	General Tax Fire Districts Landfill User Fee Totals	Year to Date	General Tax Fire Districts Landfill User Fee Totals

The collection rate is 0.96% collected on 2020 General Taxes, late listing penalties, discoveries and deferred taxes as of 7/31/2020 as compared to 12.56% on 2019 taxes as of 7/31/2019.

# MACON COUNTY BOARD OF COMMISSIONERS AGENDA ITEM

#### **CATEGORY – CLOSED SESSION**

**MEETING DATE: AUGUST 11, 2020** 

14. The need for a closed session is warranted under NCGS 143.318.11(a)(3) in order to preserve the attorney/client privilege.