



**SUMMIT COUNTY PUBLIC HEALTH
CLINIC FEE SCHEDULE**

SERVICE TYPE		Fees Effective Jan 16, 2023
CLINIC SERVICES		
86580	Mantoux (TB Skin Test)	\$20.00
865801	Two step Mantoux (TB Skin Test)	\$35.00
---	Non-Contractual Professional Consulting Services (hour)	\$50.00
---	Court Ordered STD Testing	\$95.00
OFFICE VISITS - PHYSICIAN / NURSE PRACTITIONER		
99201	New Patient Office Visit brief - NP/CNS/PA/MD/DO	\$50.00
99202	New Patient Office Visit limited (20 min) - NP/CNS/PA/MD/DO	\$85.00
99203	New Patient Office Visit medium (30 min) - NP/CNS/PA/MD/DO	\$125.00
99204	New Patient Office Visit moderate (45 min) - NP/CNS/PA/MD/DO	\$190.00
99205	New Patient Office Visit comprehensive-high complexity (60 min) - NP/CNS/PA/MD/DO	\$240.00
99211	Established Patient Office Visit Brief (5 min) - NP/CNS/PA/RN/MD/DO	\$25.00
99212	Established Patient Office Visit limited (10 min) - NP/CNS/PA/MD/DO	\$50.00
99213	Established Patient Office Visit medium (15 min) - NP/CNS/PA/MD/DO	\$85.00
99214	Established Patient Office Visit moderate (25 min) - NP/CNS/PA/MD/DO	\$125.00
99215	Established Patient Office Visit high (40 min) - NP/CNS/PA/MD/DO	\$165.00
99384	New Adolescent Care (up to age 17)	\$75.00
99385	New Young Adult Care (age 18 to 39)	\$75.00
99386	New Adult Care (age 40 to 64)	\$90.00
99394	Established Adolescent Care (up to age 17)	\$65.00
99395	Established Young Adult Care (age 18 to 39)	\$63.00
99396	Established Adult Care (age 40-64)	\$67.00
99441	Telehealth (5-10 Mins)	\$30.00
99442	Telehealth (11-20 Mins)	\$40.00
99443	Telehealth (21-30 Mins)	\$60.00
MEDICATIONS/PROCEDURES		
99024	Postoperative follow-up visit	0.00
96372	Therapeutic, prophylactic, or diagnostic injection (SQ/IM)	\$21.00
T1502	Medication Administration Visit	\$25.00
J0570	Buprenorphine Implant 74.2 mg	\$5,000.00
56501	Treatment Vulva (simple) 1-15 lesions	\$100.00
56515	Treatment Vulva (complex) > 15 lesions	\$125.00
54056	Treatment of Penis (simple) 1-15 lesions	\$100.00
54065	Treatment of Penis (complex) >15 lesions	\$125.00
46916	Treatment of Anus (simple) 1-15 lesions	\$100.00
46924	Treatment of Anus (complex) > 15 lesions	\$125.00
S4993	Oral Contraceptive (1 month)	\$6.00
J1050	Depo Provera 150mg injection	\$100.00
J7307	Nexplanon implant	\$955.00
11981	Insertion, non-biodegradable drug delivery implant	\$72.00
11982	Removal, non-biodegradable drug delivery implant	\$88.00
11983	Removal & Reinsertion drug delivery implant device	\$156.00
58300	Intrauterine device, insertion	\$51.00
58301	Intrauterine device, removal	\$56.00
J7296	Kyleena 19.5mg	\$975.00
J7300	Paragard (intrauterine device)	\$870.00
Q9991	Buprenorphine(extended release injection) less than or equal to 100mg	\$1,675.00
Q9992	Buprenorphine(extended release injection) greater than 100mg	\$1,675.00



**SUMMIT COUNTY PUBLIC HEALTH
CLINIC FEE SCHEDULE**

S4993	Plan B One Step	\$20.00
S0197	Prenatal Vitamins	\$5.00
56501	Destruction of lesion(s) vulva, simple	\$72.49
56515	Destruction of lesion(s) vulva, extensive	\$124.91
57061	Destruction of lesion(s) vaginal, simple	\$64.67
57065	Destruction of lesion(s) vaginal, extensive	\$144.71
54056	Destruction of lesion(s) penis, simple	\$66.50
54065	Destruction of lesion(s) penis, extensive	\$143.34
46900	Destruction of lesion(s) anus, simple	\$145.09
46924	Destruction of lesion(s) anus, extensive	\$267.19
REFUGEE HEALTH SERVICES		
I-693	Completion of immunization section of I-693 form	\$40.00
RI693	Replacement of I- 693	\$25.00

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

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

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

**SUMMIT COUNTY PUBLIC HEALTH
LABORATORY FEE SCHEDULE^{1,2,3,4,5}**

SERVICE TYPE		Fees Effective Jan 16, 2023
VACCINE		
90471 90472 90473 90474 G0008 G0009	Vaccine Administration Fee (per vaccine)	\$21.00
90651	Gardasil 9	\$324.00
90632	Hepatitis A Vaccine (Adult)	\$89.00
90633	Hepatitis A Vaccine (Pediatric) VFC	\$64.00
90746	Hepatitis B Vaccine (Adult)	\$79.00
90744	Hepatitis B Vaccine (Pediatric) VFC	\$34.00
90636	Hepatitis A/B Combined Vaccine	\$129.00
90647 90648	HIB Vaccine VFC	\$29.00
90672 90686 90688	Quadrivalent Influenza Vaccine (includes vaccine administration fee) 4 VFC	\$45.00
90734 90619	Meningococcal Conjugate Menactra/MenQuadfi VFC	\$149.00
90620 90621	Meningococcal Group B	\$234.00
90707	MMR Vaccine VFC	\$109.00
90732	Pneumococcal Vaccine (Adult)	\$149.00
90713	Polio VFC	\$39.00
90675	Rabies Vaccine	\$424.00
90681	Rotarix VFC	\$164.00
90680	Rotateq VFC	\$119.00
90714	Td - Decavac or Tenivac VFC	\$44.00
90715	Tdap-Adacel or Boostrix VFC	\$54.00
90716	Varicella (Chicken Pox) VFC	\$189.00
90698	Pentacel (Dtap & Polio) (Pediatric) VFC	\$99.00
90670	Prevnar 13 (Pediatric & Adult) VFC	\$284.00
90700	Daptacel (Dtap) (Pediatric) VFC	\$34.00
90696	Kinrix (Dtap & Polio ages 4 -6 yrs) (Pediatric) VFC	\$69.00
90723	Pediarix (Dtap, Polio, Hep B) (Pediatric) VFC	\$94.00
90750	Zoster (Shingrix)	\$224.00
90671	Pneumococcal 15-Valent Conjugate (Vaxneuvance)	\$274.00
90677	Pneumococcal 20-Valent Conjugate (Prevnar 20)	\$324.00
90611	Smallpox & MPox Vaccine, live pres free, Jynneos	\$0.00
---	Vaccination Site Fee (for off-site clinics)	\$50.00

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

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

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

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

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

**SUMMIT COUNTY PUBLIC HEALTH
LABORATORY FEE SCHEDULE 1,2,3,4,5**

**SUMMIT COUNTY PUBLIC HEALTH
LABORATORY FEE SCHEDULE^{1,2,3,4,5}**

SERVICE TYPE		Fees Effective Jan 16, 2023
Covid -19 Vaccine		
91300	Vaccine, Pfizer	0.1 Cents
0001A	Vaccine Administration Fee, First Dose (Pfizer)	\$40.00
0002A	Vaccine Administration Fee, Second Dose (Pfizer)	\$40.00
0003A	Vaccine Administration Fee, Third Dose (Pfizer)	\$40.00
0004A	Vaccine Administration Fee, Booster Dose (Pfizer)	\$40.00
91301	Vaccine, Moderna	0.1 Cents
0011A	Vaccine Administration Fee, First Dose (Moderna)	\$40.00
0012A	Vaccine Administration Fee, Second Dose (Moderna)	\$40.00
0013A	Vaccine Administration Fee, Third Dose (Moderna)	\$40.00
0064A	Vaccine Administration Fee, Booster (Moderna)	\$40.00
91303	Vaccine, Janssen (Johnson & Johnson)	0.1 Cents
0031A	Vaccine Administration Fee (Janssen- Johnson & Johnson)	\$40.00
0034A	Vaccine Administration Fee, Booster (Janssen-Johnson & Johnson)	\$40.00
91307	Vaccine, Pfizer Peds	0.1 Cents
0071A	Vaccine Administration Fee, First Dose	\$40.00
0072A	Vaccine Administration Fee, Second Dose	\$40.00
M0201	Vaccine Home Administration, per dose (Covid-19)	\$40.00
91313	Vaccine, Moderna Bivalent Booster, Adult	0.1 cents
0134A	Vaccine Administration Fee, Moderna Bivalent, Adult	\$40.00
91314	Vaccine, Moderna Bivalent Booster, Pediatric	0.1 cents
0144A	Vaccine Administration Fee, Moderna Bivalent, Pediatric	\$40.00
91312	Vaccine, Pfizer Bivalent Booster, Adult	0.1 cents
0124A	Vaccine Administration Fee, Pfizer Bivalent, Adult	\$40.00
91315	Vaccine, Pfizer Bivalent Booster, Pediatric	0.1 cents
0154A	Vaccine Administration Fee, Pfizer, Pediatric	\$40.00

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

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

- Medicaid eligible: A child who is eligible for the Medicaid program.
- Uninsured: A child who has no health insurance coverage.
- American Indian or Alaskan Native



**SUMMIT COUNTY PUBLIC HEALTH
LABORATORY FEE SCHEDULE^{1,2,3,4,5}**

SERVICE TYPE		Fees Effective Jan 16, 2023
LABORATORY SERVICES		
36415	Specimen Collection Venous	\$10.00
36416	Specimen Collection Capillary	\$10.00
83655	Lead test	\$20.00
82962	Glucose Blood Stick	\$10.00
81025	Pregnancy Test	\$10.00
84460	ALT (SCPT)	\$5.00
87210	Wet Mount	\$7.00
81002	Urine Dipstick	\$4.00
87905	Bacterial Vaginosis Test	\$25.00
86780	Syphilis	\$25.00
87274	Herpes Type 1	\$18.00
87273	Herpes Type 2	\$18.00
87255	Herpes Simplex Virus Type 1 & 2 w/o typing	\$20.00
87340	Hepatitis B (HBSAg)	\$15.00
86704	Hepatitis B (HBcAb)	\$18.00
86706	Hepatitis B (HBSAb)	\$16.00
86765, 86735,86762	MMR Titre	\$50.00
86787	Varicella Titre	\$30.00
87808	Trichomonas	\$25.00
82947	Glucose Serum	\$6.00
86803	Hepatitis C	\$30.00
87522	Hepatitis C Antigen	\$190.00
86703	HIV 1 & 2	\$25.00
85018	Hemoglobin	\$4.00
86480	Quantiferon	\$86.00
88142	Thin Prep PAP	\$13.00
87624/87625	HPV by Thin Prep	\$35.00
87491	Amplified Chlamydia	\$35.00
87529	HSV ½ DNA, Qualitative PCR	\$29.00
87591	Amplified Gonorrhea	\$35.00
87661	Trichomonas, amplified probe technique (Urine or Swab)	\$50.00
87563	Mycoplasma genitalium, amplified probe technique (urine or swab)	\$30.00
80048	Basic Metabolic Panel	\$7.00
87389	HIV 1 & 2 Antibody-Send out	\$25.00
86593	RPR with Reflex to Titer	\$25.00
0241U QW	Covid-19 Cepheid PCR screening Quad (SARS-COV2, RSV, Influenza A & B)	\$50.00
87635 QW	Covid-19 Cepheid PCR screening SARS-COV2 test	\$50.00

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

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

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

4Sexually Transmitted Disease (STD) Testing and Treatment are provided free of charge to patients under the age of 18.

5Laboratory tests are only performed on patients receiving other health district services.



**SUMMIT COUNTY PUBLIC HEALTH
DENTAL FEE SCHEDULE1, *,****

SERVICE CODE	SERVICE DESCRIPTION	Fees Effective Jan 16, 2023
D0120	Periodic Oral Exam	\$35.00
D0140	Limited Oral Exam	\$40.00
D0145	Oral Evaluation under age 3	\$35.00
D0150	Comprehensive Oral Evaluation over age 3	\$55.00
D0210	Intraoral-complete series of x-rays	\$90.00
D0220	Periapical X-ray	\$20.00
D0230	Additional Periapical X-ray	\$15.00
D0240	Intraoral occlusal x-ray	\$30.00
D0270	Single Bitewing X-ray	\$20.00
D0272	Two Bitewing X-rays	\$30.00
D0273	Three Bitewing X-rays	\$35.00
D0274	Four Bitewing X-rays	\$40.00
D0330	Panoramic Film X-ray	\$85.00
D0460	Pulp Vitality Test	\$30.00
D0470	Diagnostic casts	\$60.00
D1110	Prophylaxis – age 14 through Adult	\$55.00
D1120	Prophylaxis – age 13 and Younger	\$40.00
D1204	Flouride Treatment only-14 through Adult	\$20.00
D1206	Topical application of flouride varnish	\$25.00
D1208	Topical application of fluoride-Child	\$25.00
D1320	Tobacco Counseling for the Control and Prevention of Dental Disease	\$20.00
D1321	Substance Abuse Counseling for Prevention of Oral Health Effects	\$20.00
D1351	Sealant (per tooth)	\$35.00
D1353	Sealant Repair (per tooth)	\$35.00
D1354	Interim caries arresting medicament application- per tooth	\$20.00
D1510	Space Maintainer-Fixed-Unilateral	\$195.00
D1516	Space Maintainer-fixed-bilateral, maxillary	\$265.00
D1517	Space Maintainer-fixed-bilateral, mandibular	\$265.00
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant	\$45.00
D1556	Removal of fixed unilateral space maintainer-per quadrant	\$45.00
D1557	Removal of fixed bilateral space maintainer-maxillary	\$45.00
D1558	Removal of fixed bilateral space maintainer-mandibular	\$45.00
D2140	Amalgam 1 Surface (primary or permanent)	\$90.00
D2150	Amalgam 2 Surfaces (primary or permanent)	\$105.00
D2160	Amalgam 3 Surfaces (primary or permanent)	\$130.00
D2161	Amalgam 4 or More Surfaces (primary or permanent)	\$150.00
D2330	Composite 1 Surface Anterior	\$105.00
D2331	Composite 2 Surface Anterior	\$150.00
D2332	Composite 3 Surface Anterior	\$165.00
D2335	Composite /Incisal Angle/ or 4 surfaces	\$190.00
D2391	Resin Composite 1 Surface Posterior	\$110.00
D2392	Resin Composite 2 Surface Posterior	\$130.00
D2393	Resin Composite 3 Surface Posterior	\$150.00
D2394	Resin Composite 4 Surface Posterior	\$205.00
D2740	Crown- Porcelain/Ceramic Substrate*	\$800.00
D2750	Crown-Porcelain Fused to High Noble Metal*	\$820.00
D2751	Crown- Porcelain Fused to Predominantly Base Metal*	\$770.00

SERVICE CODE	SERVICE DESCRIPTION	Fees Effective Jan 16, 2023
D2752	Crown- Porcelain Fused to Noble Metal*	\$770.00
D2790	Crown- Full Cast High Noble Metal*	\$800.00
D2791	Crown- Full Cast Predominantly Base Metal*	\$745.00
D2792	Crown- Full Cast Noble Metal*	\$745.00
D2915	Re-cement Cast or Pre-fabricated Post and Core	\$60.00
D2920	Re-cement or Re-bond Crown	\$60.00
D2930	Prefab Stainless Steel Crown-Primary Tooth	\$195.00
D2931	Prefab Stainless Steel Crown-Permanent Tooth	\$225.00
D2932	Prefabricated Resin Crown	\$175.00
D2933	Prefabricated Stainless Steel Crown	\$235.00
D2934	Prefabricated Stainless Steel Crown with Resin Window	\$200.00
D2940	Dental Sedative Filling	\$75.00
D2950	Core Buildup Including Pins When Required	\$150.00
D2951	Pin Retention (per tooth)	\$30.00
D2952	Post and Core in Addition to Crown- Indirectly Fabricated*	\$240.00
D2954	Prefabricated Post and Core in Addition to Crown	\$235.00
D2960	Labial veneer (resin laminate) Chairside	\$300.00
D2961	Labial veneer (resin laminate) Lab	\$500.00
D2962	Labial veneer (porcelain laminate) Lab	\$675.00
D2970	Temporary crown (fractured tooth)	\$145.00
D2971	Procedures to Construct New Crown Under Denture*	\$150.00
D3110	Pulp cap- direct (excluding final restoration)	\$45.00
D3120	Pulp cap- indirect (excluding final restoration)	\$45.00
D3220	Pulpotomy	\$115.00
D3240	Pulpal Therapy -Posterior Primary Tooth	\$120.00
D4341	Periodontal Scaling and Root Planing- 4 or more teeth	\$140.00
D4342	Periodontal Scaling and Root Planing - 1 to 3 teeth	\$115.00
D4355	Full Mouth Debridement	\$125.00
D4910	Periodontal Maintenance	\$80.00
D5110	Complete Denture - Maxillary*	\$925.00
D5120	Complete Denture - Mandibular*	\$925.00
D5130	Immediate Denture- Maxillary*	\$975.00
D5140	Immediate Denture- Mandibular*	\$975.00
D5211	Maxillary Partial Denture -Resin Base*	\$650.00
D5212	Mandibular Partial Denture - Resin Base*	\$650.00
D5213	Maxillary Partial Denture Cast Metal Framework*	\$1,310.00
D5214	Mandibular Partial Denture Cast Metal Framework*	\$1,310.00
D5225	Maxillary Partial Denture, Flexible Base*	\$1,450.00
D5226	Mandibular Partial Denture, Flexible Base*	\$1,450.00
D5282	Removable Unilateral Partial Denture-one piece cast metal, maxillary	\$650.00
D5283	Removable Unilateral Partial Denture-one piece cast metal, mandibular	\$650.00
D5284	Removable Unilateral Partial Denture-one piece flexible base-per quadrant	\$650.00
D5286	Removable Unilateral Partial Denture-one piece resin-per quadrant	\$650.00
D5410	Adjust Complete Denture - Maxillary	\$65.00
D5411	Adjust Complete Denture - Mandibular	\$65.00
D5421	Adjust Partial Denture - Maxillary	\$65.00
D5422	Adjust Partial Denture - Mandibular	\$65.00
D5510	Repair Broken Complete Denture Base	\$125.00
D5520	Replace Missing/Broken Denture Teeth (each tooth)	\$125.00

SERVICE CODE	SERVICE DESCRIPTION	Fees Effective Jan 16, 2023
D5610	Repair Resin Denture Base	\$125.00
D5620	Repair Cast Framework	\$145.00
D5630	Repair or Replace Broken Clasp	\$145.00
D5640	Replace Broken Teeth (per tooth)	\$160.00
D5650	Add Tooth to Existing Partial Denture	\$160.00
D5660	Add Clasp to Existing Partial Denture	\$160.00
D5730	Reline Complete Maxillary Denture (chairside)	\$200.00
D5731	Reline Complete Mandibular Denture (chairside)	\$200.00
D5740	Reline Partial Maxillary Denture (chairside)	\$200.00
D5741	Reline Partial Mandibular Denture (chairside)	\$200.00
D5750	Reline Complete Maxillary Denture (lab)	\$300.00
D5751	Reline Complete Mandibular Denture (lab)	\$300.00
D5760	Reline Partial Maxillary Denture (lab)	\$300.00
D5761	Reline Partial Mandibular Denture (lab)	\$300.00
D5876	Add metal substructure to acrylic full denture (per arch)	\$125.00
D6056	Prefabricated Abutment (Modification and Placement)	\$525.00
D6057	Implant Custom Abutment	\$565.00
D6058	Abutment Supported Porcelain/Ceramic Crown*	\$1,200.00
D6059	Abut Supp Porcelain to Mtl Crown Hi Nob*	\$1,200.00
D6060	Abut Supp Porcelain to Mtl Crown Predom*	\$875.00
D6061	Abut Supp Porcelain to Mtl Crown Nob Mtl*	\$935.00
D6065	Implant Supported Porcelain/Ceramic Crown*	\$1,010.00
D6066	Implant Supported Porcelain Fused to Metal Crown*	\$990.00
D6240	Pontic- Porcelain Fused to High Noble Metal*	\$820.00
D6241	Pontic- Porcelain Fused to Predominantly Base Metal*	\$750.00
D6242	Pontic- Porcelain Fused to Noble Metal*	\$770.00
D6245	Pontic - Porcelain/Ceramic*	\$800.00
D6545	Retainer- Cast Metal for Resin Bonded Fixed Prosthesis*	\$250.00
D6740	Crown - Porcelain/Ceramic Substrate*	\$800.00
D6750	Crown - Porcelain Fused to High Noble Metal*	\$820.00
D6751	Crown - Porcelain Fused to Predominantly Base Metal*	\$750.00
D6752	Crown - Porcelain Fused to Noble Metal*	\$770.00
D6930	Re-cement or Re-bond Fixed Partial Denture	\$50.00
D7111	Extract, Coronal Remnants - Deciduous Tooth	\$85.00
D7140	Basic Extraction (per tooth)	\$105.00
D7210	Surgical Extraction (per tooth)	\$200.00
D7220	Soft Tissue Extraction (per tooth)	\$305.00
D7230	Part Bony Impact w/Remov Bone, Tooth Sect	\$305.00
D7270	Tooth Re-implantation or Stabilization	\$250.00
D7510	Incision & Drainage of Abscesses - Intraoral Soft Tissue	\$125.00
---	MI Paste Treatment	\$20.00
D9110	Palliative (emergency) Tx of Dental Pain	\$65.00

SERVICE CODE	SERVICE DESCRIPTION	Fees Effective Jan 16, 2023
D9120	Fixed Partial Denture Sectioning	\$105.00
D9910	Application of Desensitizing Medicaments	\$35.00
D9911	Application of Desensitizing Resin (per tooth)	\$75.00
D9944	Occlusal Guard-hard appliance full arch	\$400.00
D9945	Occlusal Guard-soft appliance full arch	\$400.00
D9946	Occlusal Guard-hard appliance partial arch	\$400.00
D9941	Fabrication of Athletic Mouth guard	\$100.00

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

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

- Dentures
- Crowns
- Bridge Work

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

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