

FORSYTH COUNTY

BOARD OF COMMISSIONERS

MEETING DATE: MAY 11, 2015 AGENDA ITEM NUMBER: 11

SUBJECT: RESOLUTION APPROVING REVISED FEES IMPOSED BY THE FORSYTH COUNTY BOARD OF HEALTH FOR SERVICES RENDERED BY THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH (FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS: Recommend Approval

SUMMARY OF INFORMATION:

The Forsyth County Department of Public Health is requesting approval of the FY 2016 Recommended Fee Schedule Adjustments. Per N.C.G.S. 130A-39(g), the local board of health may impose a fee for services rendered by a local health department, except where the imposition of a fee is prohibited by statute or where an employee of the local health department is performing the service as an agent of the State. The local Board of Health approved the attached recommended fee schedule at its May 6, 2015 Board meeting. The Public Health Department proposes the recommended fees be effective beginning July 1, 2015.

Proposed Fee Schedules including purpose and methodology are included in the attached pdf file.

ATTACHMENTS: YES NO

SIGNATURE: *J. Audrey C. White, Jr.* DATE: May 7, 2015
COUNTY MANAGER

**RESOLUTION APPROVING REVISED FEES IMPOSED BY THE FORSYTH
COUNTY BOARD OF HEALTH FOR SERVICES RENDERED BY THE FORSYTH
COUNTY DEPARTMENT OF PUBLIC HEALTH
(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

WHEREAS, N.C.G.S. 130A-39(g) authorizes local boards of health to impose fees for services rendered by local health departments, except where prohibited by statute or where an employee of the local health department is performing the services as an agent of the State; and

WHEREAS, N.C.G.S. 130A-39(g) further provides that such fees shall be based upon a plan recommended by the local health director and approved by the local Board of Health and the Board of County Commissioners; and

WHEREAS, the Forsyth County Health Director recommends the proposed revised fees for public health services; and on May 6, 2015, the Forsyth County Board of Health approved the proposed revised fees and recommended its approval to the Forsyth County Board of Commissioners;

NOW, THEREFORE, BE IT RESOLVED that the Forsyth County Board of Commissioners hereby approves the attached revised fees imposed by the Forsyth County Board of Health for services rendered by the Forsyth County Department of Public Health, which are incorporated herein by reference.

Adopted this 11th day of May 2015.



Forsyth County
Department of Public Health

Promoting Health, Improving Lives

2015-2016 Proposed Fee Schedule

Purpose

North Carolina law¹ allows a local health department to charge fees for services as long as:

1. Service fees are based on a plan recommended by the Health Director. This plan is approved by the Board of Health and the County Commissioners.
2. The health department does not provide the service as an agent of the State.
3. And the fees are not against the law in any way.

The State requires health departments to provide certain services, and not one may be denied these services. It is in the best interest of our community for the Public Health Department to:

1. First assure that all residents can get all legally required public health services.
2. Then provide as many other recommended and needed health services as possible, within the resources we still have available to use.

The purpose of charging fees is to increase resources and use them to meet residents' needs in a fair and balanced way. Fees are necessary to help cover the full cost of providing recommended and needed health services. As much as possible, we set fee amounts based on the real cost of providing that service.

The information in this Proposed Fee Schedule Packet is for FY 16, effective on July 1, 2015. Forsyth County Department of Public Health will review fees annually and recommend adjustments as needed.

Methodology for Setting Fee Schedule

Clinic Fees

#1 – Determine the Costs for Performing the Service

Staff reviewed invoices and purchase orders to determine the cost of supplies, materials and medication/vaccine. The cost of staff time to render the service was also taken into consideration. Staff were mindful of not creating fee levels that would create a financial hardship for patients and tried hard to stay below those levels.

#2- Determine the Medicaid Rates

The standard fee for the provided service in our region served as the benchmark. We used the fee schedule provided by the Centers for Medicare and Medicaid and we also compared our fees to those of 4 large urban counties in the State of NC (Guilford, Wake, Cumberland, and Johnston). This allowed us to gauge if we were charging similar fees as other local health departments with a comparable population base.

#3 – Set the Fee

Staff created a list of all the services provided and our current fees. This was mainly done by listing each CPT code, the service and the fee. The final fee for most services is the Medicaid Reimbursement plus 25% (this amount covers administrative costs associated with rendering the service).

#4 – Sliding Fee Scales

Once our fee schedule has been created and approved, the final step is to apply an updated sliding fee scale. The Division of Public Health sent an updated Sliding Fee Schedule based on

¹ North Carolina General Statute 130A-39(g)

the revised Federal Poverty Level Scale. We use the 101% to 250% of poverty scale because this is required for Family Planning Services.

Environmental Health Fees

The North Carolina State Lab for Public Health recently increased the fees for the analysis of well water samples submitted by local health departments. The North Carolina State Courier system charges fees to transport well samples from the Health Department to the State Lab for Public Health. As a result of fee increases, an analysis of pricing and transportation costs at local certified labs and the State Lab for Public Health was conducted to determine the best value for the public and the quickest turnaround time for the processing of water samples. The proposed fee increases are necessary to cover the costs materials and analysis (Lab fee), transportation of samples to a lab, Environmental Health Specialist (EHS) time/county vehicle use and courier fee where applicable.

A local lab was identified that is certified to analyze most water samples and will provide courier service from the Health Department at no additional cost. The appropriate lab for sample analysis was selected based on the labs certification, cost analysis, transportation cost and turnaround time. A local lab will be utilized for all but three types of water samples and the Environmental Health Division will continue to use the State Lab for Public Health for the three sample types not analyzed by a local lab. This will keep the increase in fees to a minimum, provide faster turnaround of all samples analyzed locally and provided a higher level of service to the public.

Dental Clinic Fees

1. Cleveland Avenue dental fees were established based on the average fees per procedure in zip code 27101 as provided by the North Carolina Office of Rural Health and Community Care.
2. Current Medicaid rates were determined for each procedure.
3. Cleveland Avenue proposed fees were set using both the average private practice fee in zip code 27101 and the Medicaid rate for each procedure.
4. A sliding fee scale was established based on the proposed Cleveland Avenue Dental Center fee, the current Medicaid rate and the 2015 Federal Poverty Level (FPL) Guidelines. Depending on household income and the number of individuals living in the household, the fee for non-Medicaid patients will slide from 100% of the proposed fee (above 250% of FPL) to 60% of the proposed fee (100% FPL and below. In no case will the fee per procedure fall below the Medicaid rate.

N. C. Division of Public Health
 Women's and Children's Health Section
 Annual Gross Family Income
 Sliding Fee Scale --101% to 250% of Poverty
Family Planning Waiver Eligibility Included

Revised 2/1/2015
 Effective Date 2/1/2015

Family Size	Federal Poverty	Partial-Pay Bracket Twenty Percent		Partial-Pay Bracket Forty Percent		Partial-Pay Bracket Sixty Percent		Partial-Pay Bracket Eighty Percent		Full Pay	
		From	To	From	To	From	To	From	To		
1	\$11,770	\$11,771	\$16,184	\$16,185	\$20,598	\$20,599	\$21,775	\$25,011	\$25,012	\$29,424	\$29,425
2	\$15,930	\$15,931	\$21,904	\$21,905	\$27,878	\$27,879	\$29,471	\$33,851	\$33,852	\$39,824	\$39,825
3	\$20,090	\$20,091	\$27,624	\$27,625	\$35,158	\$35,159	\$37,167	\$42,691	\$42,692	\$50,224	\$50,225
4	\$24,250	\$24,251	\$33,344	\$33,345	\$42,438	\$42,439	\$44,863	\$51,531	\$51,532	\$60,624	\$60,625
5	\$28,410	\$28,411	\$39,064	\$39,065	\$49,718	\$49,719	\$52,559	\$60,371	\$60,372	\$71,024	\$71,025
6	\$32,570	\$32,571	\$44,784	\$44,785	\$56,998	\$56,999	\$60,255	\$69,211	\$69,212	\$81,424	\$81,425
7	\$36,730	\$36,731	\$50,504	\$50,505	\$64,278	\$64,279	\$67,951	\$78,051	\$78,052	\$91,824	\$91,825
8	\$40,890	\$40,891	\$56,224	\$56,225	\$71,558	\$71,559	\$75,647	\$86,891	\$86,892	\$102,224	\$102,225
9	\$45,050	\$45,051	\$61,944	\$61,945	\$78,838	\$78,839	\$83,343	\$95,731	\$95,732	\$112,624	\$112,625
10	\$49,210	\$49,211	\$67,664	\$67,665	\$86,118	\$86,119	\$91,039	\$104,571	\$104,572	\$123,024	\$123,025
11	\$53,370	\$53,371	\$73,384	\$73,385	\$93,398	\$93,399	\$98,735	\$113,411	\$113,412	\$133,424	\$133,425
12	\$57,530	\$57,531	\$79,104	\$79,105	\$100,678	\$100,679	\$106,431	\$122,251	\$122,252	\$143,824	\$143,825

** at or below
 185% of federal
 poverty level*

FY 2016 Recommended FCDPH Fee Schedule Adjustments
Public Health Clinic Fees

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
	Vital Records		
	Vital Records Annual Workshop for Funeral Homes	\$0.00	\$10.00
	Medical Records/Registration		
	Copies		
	1-25 pages (cost is per page)	\$0.00	\$0.75
	26-100 pages (cost is per page)	\$0.00	\$0.50
	100+ pages (cost is per page)	\$0.00	\$0.25
	Classes		
S9442	Childbirth Classes	\$11.25	\$11.00
	FAMILY PLANNING CLINIC		
	Office Visit - New		
99201	Brief	\$69.00	\$78.00
99202	Problem	\$103.00	\$116.00
99203	Expanded	\$147.00	\$166.00
99204	Detailed	\$216.00	\$243.00
99205	Comprehensive	\$326.82	\$305.00
	Office Visit- Established		
99211	Brief	\$38.00	\$43.00
99212	Problem	\$63.00	\$71.00
99213	Expanded	\$87.00	\$98.00
99214	Detailed	\$136.00	\$153.00
99215	Comprehensive	\$0.00	\$228.00
	Preventive Visit - New		
99383	Age: 5- 11	\$177.00	\$193.00
99384	Age: 12- 17	\$194.00	\$211.00
99385	Age: 18- 39	\$192.00	\$209.00
99386	Age: 40- 64	\$229.00	\$249.00

FY 2016 Recommended FCDPH Fee Schedule Adjustments
Public Health Clinic Fees

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
	Preventive Visit - Established		
99393	Age: 5- 11	\$145.00	\$183.00
99394	Age: 12- 17	\$168.00	\$183.00
99395	Age: 18- 39	\$163.00	\$178.00
99396	Age: 40- 64	\$182.00	\$198.00
	Misc Office Visit		
LU235	Pill Replacement (per pack of pills)	\$5.00	\$5.00
	Procedures		
J1050	Depo-Provera (150mg)	\$47.75	\$49.00
J7300	IUD Device- Paragard	\$395.00	\$484.00
J7302	IUD Device- Mirena	\$395.00	\$932.00
58300	IUD Dev- Insertion	\$138.68	\$76.00
58301	IUD Removal	\$139.48	\$94.00
J7307	Nexplanon device	\$698.99	\$874.00
11981	Nexplanon insertion	\$203.74	\$127.00
11982	Nexplanon removal	\$234.85	\$147.00
11983	Nexplanon removal/re-insertion	\$365.44	\$228.00
56501	TCA Tx- Wart 1-2 lesion (Fe)	\$200.68	\$125.00
	Laboratory		
36415	Venipuncture (for tests to be performed in-house)	\$5.56	\$4.00
87081	Rectal/Pharyngeal GC culture	\$14.66	\$9.00
85021	CBC	\$15.94	\$16.00
87491	Chlamydia-Gen-Probe	\$34.26	\$39.00
82465	Cholesterol (Total)	\$11.06	\$7.00
87591	GC-Gen-Probe	\$34.26	\$39.00
85014	Hematocrit	\$6.02	\$4.00
82270	Hemocult	\$4.54	\$5.00
85018	Hemoglobin (Hgb)	\$6.02	\$4.00
81025	Preg. Test Urine	\$11.00	\$11.00
86592	TRUST-RPR	\$12.75	\$7.00
81002	Urine Chemstrip	\$6.00	\$4.00
87210	Wet Mount	\$12.75	\$6.00

FY 2016 Recommended FCDPH Fee Schedule Adjustments
Public Health Clinic Fees

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
	STD CLINIC		
	Office Visit - New		
99201	Brief	\$69.00	\$78.00
99202	Problem	\$103.00	\$116.00
99203	Expanded	\$147.00	\$166.00
99204	Detailed	\$216.00	\$243.00
99205	Comprehensive	\$326.82	\$228.00
	Office Visit- Established		
99211	Brief	\$38.00	\$43.00
99212	Problem	\$63.00	\$71.00
99213	Expanded	\$87.00	\$98.00
99214	Detailed	\$136.00	\$153.00
99215	Comprehensive	\$0.00	\$228.00
T1002	ERRN STD SCREENING (Units: _____)	\$19.50	\$23.00
	Misc Office Visit		
54050	TCA Tx- Wart 1-2 lesions (M)	\$211.00	\$124.00
56501	TCA Tx- Wart 1-2 lesions (Fe)	\$200.68	\$125.00
	Laboratory Services		
87491	Chlamydia- NAAT-Urogenital	\$34.26	\$39.00
87591	GC- NAAT-Urogenital	\$34.26	\$39.00
87081	Rectal GC Culture	\$14.66	\$9.00
87081	Pharyngeal GC Culture	\$14.66	\$9.00
86592	TRUST/ RPR	\$12.75	\$7.00
86703QW	Rapid HIV- Oraquick	\$29.90	\$19.00
87205	Gram Stain	\$10.84	\$7.00
87210	Wet Mount	\$12.75	\$6.00
81025	Pregnancy Test Urine	\$11.00	\$11.00
81002	Urine Chemstrip	\$6.00	\$4.00
87164	Darkfield	\$16.10	\$10.00
36415	Venipuncture	\$5.56	\$4.00

FY 2016 Recommended FCDPH Fee Schedule Adjustments
Public Health Clinic Fees

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
	WELL CHILD CLINIC		
	PREVENTIVE VISIT- NEW		
99381	Age: 0-1	\$0.00	\$113.00
99382	Age: 1-4	\$0.00	\$113.00
99383	Age: 5-11	\$0.00	\$113.00
99384	Age: 12-17	\$0.00	\$113.00
99385	Age: 18-39	\$0.00	\$113.00
	PREVENTIVE VISIT- ESTAB.		
99391	Age: 0-1	\$0.00	\$113.00
99392	Age: 1-4	\$0.00	\$113.00
99393	Age: 5-11	\$0.00	\$113.00
99394	Age: 12-17	\$0.00	\$113.00
99395	Age: 18-39	\$0.00	\$113.00
99211	OV, Est. Pt. Minimal	\$0.00	\$43.00
99212	OV, Est. Pt. Limited	\$0.00	\$71.00
99213	OV, Est. Pt. Expanded	\$0.00	\$98.00
99214	OV, Est. Pt. Detailed	\$0.00	\$153.00
99173	Vision Screening	\$0.00	\$10.00
92551	Audiometer Hearing Screening	\$0.00	\$10.00
92558	OAE Hearing Screen	\$0.00	\$10.00
85018	HGB	\$0.00	\$4.00
81025	Preg. Test Urine	\$0.00	\$11.00
84443	Thyroid Panel	\$0.00	\$26.00
36415	Venipuncture (for tests to be tested in-house)	\$0.00	\$4.00
36416	Capillary-Finger/Heel	\$0.00	\$9.00
80061	Lipid Panel	\$0.00	\$21.00
82465	Total Cholesterol	\$0.00	\$7.00
86580	PPD (Private/Medicaid)	\$0.00	\$15.00
99420	M-Chat	\$0.00	\$10.00

FY 2016 Recommended FCDPH Fee Schedule Adjustments
Public Health Clinic Fees

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
96110	Developmental Screening	\$0.00	\$11.00
99406	Smoking/Tobacco Cessation	\$0.00	\$15.00
99408	Substance Abuse Scrn. 15 min. intervention	\$0.00	\$39.00
	IMMUNIZATION CLINIC		
90648	ActHib (PRP-T)	\$46.00	\$26.00
90700	DTaP	\$44.00	\$24.00
90649	Gardasil	\$183.00	\$170.00
90632	Hep A Adult	\$55.00	\$69.00
90633	Hep A Ped	\$45.00	\$25.00
90636	Hep AB (Twinrix)	\$85.00	\$112.00
90746	Hep B Adult	\$63.00	\$70.00
90744	Hep B Ped	\$45.00	\$18.00
90713	IPV	\$55.00	\$31.00
90734	Menactra	\$149.00	\$134.00
90733	Menomune	\$158.00	\$113.00
90707	MMR	\$86.00	\$73.00
90670	Pneumococcal Conjugate (PCV13)	\$152.00	\$144.00
90732	Pneumonia (PPV23)	\$97.00	\$84.00
90714	Td Adult	\$49.00	\$29.00
90715	Tdap	\$62.00	\$49.00
90716	Varicella	\$130.00	\$118.00
90736	Zostavax	\$212.00	\$228.00
	VACCINE ADMINISTRATION		
90471	1 vaccine - IM/SQ	\$27.42	\$17.00
90472	for each additional Vaccine IM/SQ	\$9.71	\$17.00
90473	Rotateq w/ inj	\$24.60	\$17.00
90474	Rotateq only	\$24.60	\$17.00
	LABORATORY SERVICES		
36415	Venipuncture	\$5.56	\$4.00
36416	Capillary-Finger/Heel	\$0.00	\$9.00

FY 2016 Recommended FCDPH Fee Schedule Adjustments
Public Health Clinic Fees

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
	PPD (TB SKIN TESTING)		
86580	PPD Administration	\$10.00	\$7.00
LU125	PPD Reading Placed Elsewhere	\$0.00	\$10.00
	TB CLINIC		
T1002	TB Nurse Visit: (Time Units: _____)	\$19.50	\$23.00
99211	Brief	\$38.00	\$43.00
99212	Problem	\$63.00	\$71.00
99213	Expanded	\$87.00	\$98.00
99173	Vision Screening	\$0.00	\$10.00
92551	Hearing Screening	\$16.54	\$10.00
	PPD ADMINISTRATION		
86580	PPD (Medicaid)	\$10.00	\$15.00
LU125	PPD Reading Placed Elsewhere	\$0.00	\$10.00
	LABORATORY COLLECTION		
36415	Venipuncture (for tests to be performed in-house)	\$5.56	\$4.00
86592	TRUST -RPR	\$12.75	\$7.00
85021	CBC	\$15.94	\$16.00
81025	Pregnancy test	\$11.00	\$11.00
81002	Urine Chemstrip	\$6.00	\$4.00
	Chemistry 13 Panel:		
82040	Albumin	\$0.00	\$8.00
84075	Alkaline Phosphatase	\$0.00	\$8.00
84460	Alanine Aminotransferase	\$0.00	\$8.00
82150	Amylase	\$0.00	\$10.00
84450	Aspartate aminotransferase	\$0.00	\$8.00
82310	Calcium	\$0.00	\$8.00
82565	Creatinine	\$0.00	\$8.00
82947	Glucose	\$0.00	\$6.00
82247	Total Bilirubin	\$0.00	\$8.00
84550	Uric Acid	\$0.00	\$7.00

FY 2016 Recommended FCDPH Fee Schedule Adjustments
Public Health Clinic Fees

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
	Liver Function Panel:		
82040	Albumin	\$0.00	\$8.00
84075	Alkaline Phosphatase	\$0.00	\$8.00
84460	Alanine Aminotransferase	\$0.00	\$8.00
82150	Amylase	\$0.00	\$10.00
84450	Aspartate aminotransferase	\$0.00	\$8.00
82977	Gamma Glutamyltransferase	\$0.00	\$11.00
82247	Total Bilirubin	\$0.00	\$8.00
84155	Total Protein	\$0.00	\$6.00

FY 2016 Recommended FCDPH Fee Schedule Adjustments
Environmental Health Fees

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
SOIL SITE APPLICATION/REVISIT/REDRAW			
1105	SSA Soil Site Application: any 3,4,5 or 6 BR house lots@____/lot	\$170.00	\$170.00
1105	SS1 480-1500 gpd (business or church)	\$360.00	\$360.00
1105	SS2 1500-3000 gpd	\$545.00	\$545.00
1105	SS3 >3000 gpd	\$1,922.00	\$1,922.00
1105	REV Revisit	\$47.00	\$47.00
335	RED Redraw IP/CA	\$31.00	\$31.00
SEPTIC TANK SYSTEMS			
310	LLP LLP System	\$267.00	\$267.00
310	TPN T & J Panel New	\$257.00	\$257.00
310	CGN Conventional or Alter., Gravity, new	\$195.00	\$195.00
310	CGR Conv. or Alter., Grav., T&J Panel Rpr	\$170.00	\$170.00
310	PMP Any Pump installation (new only)	\$52.00	\$52.00
EXISTING SEPTIC TANK SYSTEMS			
1107	MHP Mobile Home Conn. In Existing Park	\$98.00	\$98.00
1107	HDR Health Dept. Release	\$47.00	\$47.00
WELLS			
336	WCP Water Supply Well Const. NFHC Permit	\$298.00	\$298.00
336	DCP Drinking Water Well Const. Permit	\$360.00	\$360.00
336	WAB Well Abandonment	\$129.00	\$129.00
1106	NRN New Well Resample Nitrate	\$42.00	\$0.00
1106	NRI New Well Resample Inorganic	\$66.00	\$0.00
1106	NRM New Well Resample Microbiological	\$43.00	\$0.00

FY 2016 Recommended FCDPH Fee Schedule Adjustments
Environmental Health Fees

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
336	WAB Well Abandonment	\$129.00	\$129.00
1106	WSB Water Sample, Bacteria	\$23.00	\$37.00
1106	WSF Water Sample Fluoride	\$23.00	\$39.00
1106	WSI Water Sample Inorganic	\$23.00	\$74.00
1106	WSN Water Sample Nitrate/Nitrate	\$27.00	\$39.00
1106	WSP Water Sample Pesticide	\$48.00	\$88.00
1106	WSL Water Sample Petroleum	\$51.00	\$88.00
1106	WSO Water Sample Organic (VOA)	\$46.00	\$88.00
1106	WSU Water Sample Uranium (plus three metals)	\$0.00	\$75.00
1106	WIB Water Sample Iron Reducing Bacteria	\$0.00	\$63.00
1106	WSR Water Sample Sulfate Reducing Bacteria	\$0.00	\$70.00
1106	WIN Water Supply Inorganic and Nitrate	\$0.00	\$79.00
SWIMMING POOL			
337	SAF Swimming Pool Annual Fee	\$108.00	\$108.00
337	SSP Secondary Pool at Same Site	\$27.00	\$27.00
1108	SPR Swimming Pool Plan Review	\$200.00	\$200.00
FOOD SERVICE			
1109	FSR Food Service Plan Review	\$205.00	\$205.00
1110	FRP Foodservice Remodel, Plan Review	\$103.00	\$103.00
339	TAP Tattoo Artist Annual Permit Fee	\$103.00	\$103.00
339	*TEW Tattoo/Permanent Makeup Artist Educational Workshop Fee Up to 4 Students	\$103.00	\$103.00
339	*TES Tattoo/Permanent Makeup Artist Educational Workshop Fee For Each Enrolled Artist beyond 4	\$26.00	\$26.00
340	SAP Seafood Mkt Annual Permit Fee	\$52.00	\$0.00
341	TFE Temporary Food Establishment Fee	\$75.00	\$75.00

FY 2016 Recommended FCDPH Fee Schedule Adjustments
Environmental Health Fees

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
	* A Tattoo/Permanent Makeup Artist Educational Workshop is a course of instruction for tattoo/permanent makeup artists which will last no longer than 5 days at one location and for which no fee is charged to apply a tattoo or permanent makeup to a patron, model or customer. The base fee shall be \$100 for the instructor and up to 4 students. The permit fee for each additional student and/or instructor beyond the first 4 artists will be \$26.00 each.		
Expedited Lead Sample Cost Recovery Fee For Child Occupied Facilities			
687	LDS Dust Sample (Each) 24 Hour Turn Around	\$6.25	\$6.25
687	LSS Soil Sample (Each) 24 Hour Turn Around	\$8.25	\$8.25
687	LPS Paint Chip Sample (Each) 24 Hour Turn Around	\$6.25	\$6.25
687	LWS Lead in Drinking Water (Each) 96 Hour Turn Around	\$31.00	\$31.00
687	LWS Lead in Drinking Water (Each) 48 Hour Turn Around	\$42.00	\$42.00
687	LWS Lead in Drinking Water (Each) 24 Hour Turn Around	\$73.00	\$73.00

DENTAL PROCEDURE CODE LISTING -FY 2016 RECOMMENDED FEE CHANGES							
2/20/2015							
			PROPOSED	100%FPL	150% FPL	200% FPL	250% FPL
CDT	DESCRIPTION	CURRENT FEE	FEE	60% SLIDE	70%	80%	90%
D0120	Periodic Exam	\$35.00	\$44.00	\$26.40	\$30.80	\$35.20	\$39.60
D0140	Limited Oral Eval	\$48.00	\$62.00	\$37.20	\$43.40	\$49.60	\$55.80
D0145	Comp Oral Eval >3	\$45.00	\$61.00	\$36.60	\$42.70	\$48.80	\$54.90
D0150	Comp Oral Eval	\$55.00	\$75.00	\$45.00	\$52.50	\$60.00	\$67.50
D0210	FMX	\$90.00	\$118.00	\$70.80	\$82.60	\$94.40	\$106.20
D0220	First PA	\$22.00	\$25.00	\$15.00	\$17.50	\$20.00	\$22.50
D0230	Additional PA	\$16.00	\$20.00	\$12.00	\$14.00	\$16.00	\$18.00
D0240	Occlusal Film	\$25.00	\$27.00	\$16.20	\$18.90	\$21.60	\$24.30
D0270	Single Bitewing	\$23.00	\$20.00	\$12.00	\$14.00	\$16.00	\$18.00
D0272	Bitewing - 2 films	\$34.00	\$31.00	\$18.60	\$21.70	\$24.80	\$27.90
D0273	Bitewing - 3 films	\$40.00	\$42.00	\$25.20	\$29.40	\$33.60	\$37.80
D0274	Bitewing - 4 films	\$45.00	\$53.00	\$31.80	\$37.10	\$42.40	\$47.70
D0330	Film/Panoramic	\$80.00	\$98.00	\$58.80	\$68.60	\$78.40	\$88.20
D1110	Prophy - Adult	\$65.00	\$65.00	\$39.00	\$45.50	\$52.00	\$58.50
D1120	Prohy - Child	\$50.00	\$50.00	\$30.00	\$35.00	\$40.00	\$45.00
D1204	Fluoride Topical - Adult	\$24.00	\$26.00	\$15.60	\$18.20	\$20.80	\$23.40
D1206	Fluoride Topical - Child	\$24.00	\$26.00	\$15.60	\$18.20	\$20.80	\$23.40
D1351	Sealant per Tooth	\$40.00	\$48.00	\$28.80	\$33.60	\$38.40	\$43.20
D1510	Space Maint. Fixed Unilateral	\$260.00	\$319.00	\$191.40	\$223.30	\$255.20	\$287.10
D1515	Space Maint. Fixed Bilateral	\$450.00	\$450.00	\$270.00	\$315.00	\$360.00	\$405.00
D1550	Space Maint. Recement	\$55.00	\$55.00	\$33.00	\$38.50	\$44.00	\$49.50
D2140	Amalgam - 1 surface	\$93.00	\$108.00	\$64.80	\$75.60	\$86.40	\$97.20
D2150	Amalgam - 2 surface	\$120.00	\$138.00	\$82.80	\$96.60	\$110.40	\$124.20
D2160	Amalgam - 3 surface	\$143.00	\$158.00	\$94.80	\$110.60	\$126.40	\$142.20
D2161	Amalgam - 4 surface	\$171.00	\$176.00	\$105.60	\$123.20	\$140.80	\$158.40
D2330	Comp Anterior - 1 surface	\$105.00	\$110.00	\$66.00	\$77.00	\$88.00	\$99.00
D2331	Comp Anterior - 2 surface	\$133.00	\$136.00	\$81.60	\$95.20	\$108.80	\$122.40
D2332	Comp Anterior - 3 surface	\$162.00	\$162.00	\$97.20	\$113.40	\$129.60	\$145.80
D2335	Comp Anterior - 4 surface	\$195.00	\$205.00	\$123.00	\$143.50	\$164.00	\$184.50
D2391	Comp Posterior - 1 surface	\$115.00	\$134.00	\$80.40	93.80	\$107.20	\$120.60

CADC Adjusted Fees

CDT	DESCRIPTION	CURRENT FEE	PROPOSED	100%FPL	150% FPL	200% FPL	250% FPL	
			FEE	60% SLIDE	70%	80%	90%	
D2392	Comp Posterior - 2 surface	\$150.00	\$198.00	\$118.80	138.60	\$158.40	\$178.20	
D2393	Comp Posterior - 3 surface	\$175.00	\$242.00	\$145.20	169.40	\$193.60	\$217.80	
D2394	Comp Posterior - 4 surface	\$195.00	\$292.00	\$175.20	204.40	\$233.60	\$262.80	
D2750	PFM Crown	\$760.00	\$760.00	NO SLIDE	NO SLIDE	NO SLIDE	NO SLIDE	
D2790	Gold Crown (Cast)	\$760.00	\$760.00	NO SLIDE	NO SLIDE	NO SLIDE	NO SLIDE	
D2920	Recement Crown	\$75.00	\$75.00	\$45.00	52.50	\$60.00	\$67.50	
D2930	SSC - Primary - under 21	\$195.00	\$250.00	\$177.00	177.00	\$200.00	\$225.00	
D2931	SSC - Permanent - under 21	\$225.00	\$260.00	\$156.00	182.00	\$208.00	\$234.00	
D2940	Sedative Filling	\$75.00	\$75.00	\$45.00	52.50	\$60.00	\$67.50	
D2950	Core Buildup with pin	\$170.00	\$170.00	\$102.00	119.00	\$136.00	\$153.00	
D2951	Pin Retention per Tooth	\$45.00	\$45.00	\$27.00	31.50	\$36.00	\$40.50	
D3110	Pulp Cap - direct	\$50.00	\$50.00	\$30.00	35.00	\$40.00	\$45.00	
D3220	Pulpotomy	\$135.00	\$136.00	\$81.60	95.20	\$108.80	\$122.40	
D3230	Pulpal Therapy-Anterior	\$231.00	\$240.00	\$144.00	168.00	\$192.00	\$216.00	
D3240	Pulpal Therapy-Posterior	\$231.00	\$300.00	\$191.00	210.00	\$240.00	\$270.00	
D3310	RCT-Anterior	\$520.00	\$520.00	364.00	364.00	\$416.00	\$468.00	SLIDE 70%
D3320	RTC-Bicuspid	\$620.00	\$620.00	434.00	434.00	\$496.00	\$558.00	SLIDE 70%
D3330	RCT-Molar	\$800.00	\$800.00	560.00	560.00	\$640.00	\$720.00	SLIDE 70%
D4341	Perio Scale & Root 4+ per quad	\$160.00	\$170.00	\$102.00	119.00	\$136.00	\$153.00	
D4342	Perio Scale & root pln 1-3 quad	\$110.00	\$110.00	\$66.00	77.00	\$88.00	\$99.00	
D4355	Full Mouth Debridement	\$110.00	\$115.00	\$69.00	80.50	\$92.00	\$103.50	
D5110	Denture-Upper	\$911.00	\$980.00	686.00	686.00	\$784.00	\$882.00	SLIDE 70%
D5120	Denture-Lower	\$911.00	\$988.00	691.00	691.60	\$790.40	\$889.20	SLIDE 70%
D5211	Upper Resin Partial	\$636.00	\$725.00	507.50	507.50	\$580.00	\$652.50	SLIDE 70%
D5212	Upper Resin Partial	\$636.00	\$725.00	507.50	507.50	\$580.00	\$652.50	SLIDE 70%
D5213	Upper Metal Partial	\$1,008.00	\$1,008.00	705.60	705.60	\$806.40	\$907.20	SLIDE 70%
D5214	Lower Metal Partial	\$1,008.00	\$1,008.00	705.60	705.60	\$806.40	\$907.20	SLIDE 70%
D5225	Upper Flexible Valplast Partial	\$646.00	\$646.00	452.20	452.20	\$516.80	\$581.40	SLIDE 70%
D5226	Lower Flexible Valplast Partial	\$646.00	\$646.00	452.20	452.20	\$516.80	\$581.40	SLIDE 70%
D5520	Replace tooth (denture)	\$95.00	\$95.00	\$76.00	76.00	\$76.00	\$85.50	SLIDE 80%
D5610	Repair Resin Denture	\$120.00	\$120.00	\$96.00	96.00	\$96.00	\$108.00	SLIDE 80%
D5620	Repair Cast Framework	\$130.00	\$132.00	\$105.00	105.00	\$105.60	\$118.80	SLIDE 80%

CADC Adjusted Fees

CDT	DESCRIPTION	CURRENT FEE	PROPOSED	100%FPL	150% FPL	200% FPL	250% FPL	
			FEE	60% SLIDE	70%	80%	90%	
D5630	Repair/Replace broken clasp	\$155.00	\$185.00	\$148.00	148.00	\$148.00	\$166.50	SLIDE 80%
D5640	Replace Broken Tooth	\$101.00	\$101.00	\$80.80	80.80	\$80.80	\$90.90	SLIDE 80%
D5650	Add tooth to partial	\$120.00	\$150.00	\$120.00	120.00	\$120.00	\$135.00	SLIDE 80%
D5660	Add clasp to partial	\$145.00	\$155.00	\$124.00	124.00	\$124.00	\$139.50	SLIDE 80%
D5740	Upper Reline-Office	\$150.00	\$175.00	\$140.00	140.00	\$140.00	\$157.50	SLIDE 80%
D5741	Lower Reline-Office	\$150.00	\$175.00	\$140.00	140.00	\$140.00	\$157.50	SLIDE 80%
D5750	Upper Denture Reline-Lab	\$300.00	\$300.00	\$240.00	240.00	\$240.00	\$270.00	SLIDE 80%
D5751	Lower Denture Reline-Lab	\$300.00	\$300.00	\$240.00	240.00	\$240.00	\$270.00	SLIDE 80%
D5760	Upper Partial Reline-lab	\$275.00	\$275.00	\$220.00	220.00	\$220.00	\$247.50	SLIDE 80%
D5761	Lower Partial Reline-Lab	\$275.00	\$275.00	\$220.00	220.00	\$220.00	\$247.50	SLIDE 80%
D5820	Upper Flipper	\$375.00	\$400.00	\$280.00	280.00	\$320.00	\$360.00	SLIDE 70%
D5821	Lower Flipper	\$375.00	\$400.00	\$280.00	280.00	\$320.00	\$360.00	SLIDE 70%
D5850	Tissue Conditioning-Max	\$85.00	\$100.00	\$70.00	70.00	\$80.00	\$90.00	SLIDE 70%
D5851	Tissue Conditioning-mand	\$85.00	\$100.00	\$70.00	70.00	\$80.00	\$90.00	SLIDE 70%
D7140	Extraction-simple	\$110.00	\$120.00	\$72.00	84.00	\$96.00	\$108.00	
D7210	Extraction-Surgical	\$185.00	\$200.00	\$160.00	160.00	\$160.00	\$180.00	SLIDE 80%
D7220	Extraction-Impacted	\$230.00	\$240.00	\$144.00	168.00	\$192.00	\$216.00	
D9100	Emergency Palliative Tx	\$65.00	\$75.00	\$45.00	52.50	\$60.00	\$67.50	
D9230	Nitrous	\$55.00	\$72.00	\$43.20	50.40	\$57.60	\$64.80	
D9940	Occlusal Guard	\$360.00	\$360.00	\$216.00	252.00	\$288.00	\$324.00	
D9941	Night Guard	\$175.00	\$200.00	\$120.00	140.00	\$160.00	\$180.00	
	\$3 Medicaid co-pay Adults ≥ 21	\$0.00	\$3.00					
2/20/2015								

CADC Adjusted Fees