

FORSYTH COUNTY
BOARD OF COMMISSIONERS

**BRIEFING
DRAFT**

MEETING DATE: JUNE 13, 2019

AGENDA ITEM NUMBER: 8

**SUBJECT: RESOLUTION APPROVING THE 2019-2020 PROPOSED FEE SCHEDULE
RECOMMENDED BY THE CONSOLIDATED HUMAN SERVICES DIRECTOR,
BASED UPON A PLAN PRESENTED BY THE PUBLIC HEALTH DIRECTOR AND
APPROVED BY THE FORSYTH COUNTY CONSOLIDATED HUMAN SERVICES
BOARD FOR SERVICES RENDERED BY THE FORSYTH COUNTY DEPARTMENT
OF PUBLIC HEALTH
(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:

SUMMARY OF INFORMATION:

See Attached

ATTACHMENTS: YES NO

SIGNATURE: _____

COUNTY MANAGER

DATE: _____

**RESOLUTION APPROVING THE 2019-2020 PROPOSED FEE SCHEDULE
RECOMMENDED BY THE CONSOLIDATED HUMAN SERVICES DIRECTOR,
BASED UPON A PLAN PRESENTED BY THE HEALTH DIRECTOR AND
APPROVED BY THE FORSYTH COUNTY CONSOLIDATED HUMAN
SERVICES BOARD FOR SERVICES RENDERED BY THE FORSYTH
COUNTY DEPARTMENT OF PUBLIC HEALTH
(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

WHEREAS N.C.G.S. 153A-77(d)(1) authorizes the consolidated human services board to set fees for departmental services based upon recommendations of the human services director;

WHEREAS N.C.G.S. 153A-77(d)(1) further states that fees under this subdivision are subject to the same restrictions on amount and scope that would apply if the fees were set by a county board of health; and

WHEREAS the Forsyth County Consolidated Human Services Director, upon a plan presented by the Health Director, recommends the attached 2019-2020 Proposed Fee Schedule for public health services; and on May 1, 2019, the Forsyth County Consolidated Human Services Board approved the 2019-2020 Proposed Fee Schedule and recommended its approval to the Forsyth County Board of Commissioners effective July 1, 2019;

NOW, THEREFORE, BE IT RESOLVED, that the Forsyth County Board of Commissioners hereby approves the attached 2019-2020 Proposed Fee Schedule for services rendered by the Forsyth County Department of Public Health, which is incorporated herein by reference, effective July 1, 2019.

Adopted this 13th day of June 2019.

CODE	SERVICE	FY 19 Fee Schedule	FY 20 Fee Schedule
	VITAL RECORDS		
	Vital Records Annual Workshop for Funeral Homes		\$10.00
	MEDICAL RECORDS		
	Copies		
	1-25 pages (cost is per page)		\$0.75
	26-100 pages (cost is per page)		\$0.50
	100+ pages (cost is per page)		\$0.25
	CLASSES		
	Childbirth Classes		\$11.00
	CLINICS & LABORATORY		
11981	Nexplanon insertion	\$148.00	\$148.00
11982	Nexplanon removal	\$170.00	\$170.00
11983	Nexplanon removal/re-insertion	\$265.00	\$265.00
36415	Venipuncture (for tests to be performed in-house)	\$6.00	\$7.00
36416	Capillary-Finger/Heel	\$10.00	\$10.00

54050	TCA Tx- Wart 1-2 lesions (M)	\$143.00	\$143.00
56501	TCA Tx- Wart 1-2 lesion (Fe)	\$146.00	\$146.00
58300	IUD Dev- Insertion	\$88.00	\$88.00
58301	IUD Removal	\$109.00	\$109.00
80061	Lipid Panel	\$25.00	\$25.00
80076	Hepatic Panel (Piccolo) (NEW)		\$16.00
81002	Urine Chemstrip	\$5.00	\$5.00
81025	Preg. Test Urine	\$12.00	\$12.00
82040	Albumin	\$9.00	\$9.00
82150	Amylase	\$12.00	\$12.00
82247	Total Bilirubin	\$9.00	\$9.00
82270	Hemoccult	\$6.00	\$6.00
82310	Calcium	\$9.00	\$9.00
82465	Total Cholesterol	\$8.00	\$8.00
82565	Creatinine	\$10.00	\$10.00
82947	Glucose	\$7.00	\$16.00
83036	HgbA1C		\$7.00
83037	HemoglobinA 1C (A1Cnow+)		\$15.00
84075	Alkaline Phosphatase	\$10.00	\$10.00
84155	Total Protein	\$7.00	\$7.00
84443	Thyroid Panel	\$30.00	\$30.00
84450	Aspartate aminotransfer ase	\$10.00	\$10.00
84460	Alanine Aminotransfe rase	\$10.00	\$10.00
84550	Uric Acid	\$8.00	\$8.00

80048	BMP (Basic Metabolic Panel) (NEW)		\$16.00
80053	CMP (Comprehensive Metabolic Panel) (NEW)		\$16.00
85014	Hematocrit	\$5.00	\$5.00
85018	Hemoglobin (Hgb)	\$5.00	\$5.00
85025	CBC with differential	\$14.00	\$14.00
85027	CBC without differential		\$10.00
86580	PPD Administration	\$25.00	\$25.00
86592	TRUST-RPR	\$8.00	\$8.00
86595	TRUST-RPR (quantitative) (NEW)		\$14.00
87205	Gram Stain	\$8.00	\$8.00
87210	Wet Mount	\$7.00	\$7.00
87491	Chlamydia-Gen-Probe-NAAT-Urogenital and/or rectal	\$45.00	\$45.00
87591	GC-Gen-Probe-NAAT-Urogenital	\$45.00	\$45.00
90471	1 vaccine - IM/SQ	\$20.00	\$45.00
87661	Trichomoniasis-Gen-Probe-NAAT Urogenital	\$7.00	\$45.00
87798	Trichomonas-Gen-Probe-NAAT Urine (NEW)		\$45.00

	for each additional Vaccine		
90472	IM/SQ	\$20.00	\$20.00
90473	Rotateq w/ inj	\$20.00	\$20.00
90474	Rotateq only	\$20.00	\$20.00
90620	Meningococcal B (adult or child) - Bexsero		\$183.00
90632	Hep A Adult	\$49.00	\$86.00
90633	Hep A Ped	\$30.00	\$30.00
90636	Hep AB (Twinrix)	\$93.00	\$93.00
90648	ActHib (PRP-T)	\$22.00	\$22.00
90651	Gardasil 9	\$268.00	\$268.00
90670	Pneumococcal Conjugate (PCV13)	\$245.00	\$245.00
90700	DTaP	\$30.00	\$30.00
90707	MMR	\$94.00	\$94.00
90713	IPV	\$43.00	\$43.00
90714	Td Adult	\$47.00	\$47.00
90715	Tdap	\$47.00	\$47.00
90716	Varicella	\$166.00	\$166.00
90732	Pneumonia (PPV23)	\$126.00	\$126.00
90733	Menomune	\$113.00	\$154.00
90734	Menactra	\$158.00	\$158.00
90736	Zostavax	\$324.00	\$324.00
90739	Hepatitis B (HepB) 2 dose series (adult)		\$118.00
90744	Hep B Ped	\$30.00	\$30.00
90746	Hep B Adult	\$49.00	\$72.00
90750	Shingrix (Shingles) (adult)		\$175.00

92551	Audiometer Hearing Screening	\$12.00	\$12.00
92558	OAE Hearing Screen	\$12.00	\$12.00
96110	Developmental Screening	\$13.00	\$13.00
96127	Depression Screening		\$5.00
99173	Vision Screening	\$12.00	\$12.00
99201	Brief	\$116.00	\$116.00
99203	Expanded	\$192.00	\$192.00
99204	Detailed	\$282.00	\$282.00
99205	Comprehensive	\$354.00	\$354.00
99211	Brief	\$50.00	\$50.00
99212	Problem	\$83.00	\$83.00
99213	Expanded	\$114.00	\$114.00
99214	Detailed	\$177.00	\$177.00
99215	Comprehensive	\$264.00	\$264.00
99381	Age: 0-1	\$131.00	\$131.00
99382	Age: 1-4 (EP)	\$131.00	\$131.00
99383	Age: 5- 11 (FP)	\$223.00	\$223.00
99383	Age: 5-11 (EP)	\$131.00	\$131.00
99384	Age: 12- 17 (FP)	\$245.00	\$245.00
99384	Age: 12-17 (EP)	\$131.00	\$131.00
99385	Age: 18- 39 (FP)	\$242.00	\$242.00
99385	Age: 18-39 (EP)	\$131.00	\$131.00
99386	Age: 40- 64	\$289.00	\$289.00
99391	Age: 0-1	\$131.00	\$131.00
99392	Age: 1-4	\$131.00	\$131.00

99393	Age: 5- 11 (FP)	\$212.00	\$212.00
99393	Age: 5-11 (EP)	\$131.00	\$131.00
99394	Age: 12- 17 (FP)	\$212.00	\$212.00
99394	Age: 12-17 (EP)	\$131.00	\$131.00
99395	Age: 18- 39 (FP)	\$206.00	\$206.00
99395	Age: 18-39 (EP)	\$131.00	\$131.00
99396	Age: 40- 64 (FP)	\$229.00	\$229.00
99406	Smoking/Toba cco Cessation	\$17.00	\$17.00
99408	Substance Abuse Scrn. 15 min. intervention	\$45.00	\$45.00
99420	M-Chat		
86703QW	Rapid HIV- Oraquick	\$28.00	\$28.00
59701/ CPT 86703	Rapid HIV- Alere (antibody 1/2 and antigen p24) (NEW)		\$18.00
J1050	Depo-Provera (150mg)	\$0.02	\$0.02
J7300	IUD Device- Paragard	\$247.83	\$247.83
J7296	IUD Device- Kyleena		\$250.00
J7298	IUD Device- Mirena	\$235.00	\$250.00
J7297	IUD Device - Liletta	\$50.00	\$50.00
J7307	Nexplanon device	\$364.00	\$364.00

J7303	Nuva-Ring (3 month supply)	\$42.60	\$42.60
J7304	Contraceptive Patch (1 month supply)	\$62.14	\$62.14
S4993	Birth Control pills (per Pack)	\$3.64	\$3.64
A4267	Male condoms (each)	\$0.09	\$0.09
LU125	PPD Reading Placed Elsewhere	\$10.00	\$10.00
LU235	Pill Replacement (per pack of pills)	\$5.00	\$5.00
T1002	ERRN STD SCREENING (Units: per 15 minutes)	\$27.00	\$27.00
T1002	TB Nurse Visit: (Time Units: per 15 minutes)	\$27.00	\$27.00
	<u>ENVIRONMENTAL HEALTH FEES</u>		
	SSA Soil Site Application: any 3,4,5 or 6 BR house _____ lots @ _____/lot	\$170.00	\$170.00
	SS1 480-1500 gpd (business or church)	\$360.00	\$360.00
	SS2 1500-3000 gpd	\$545.00	\$545.00

	SS3 >3000 gpd	\$1,922.00	\$1,922.00
	REV Revisit	\$47.00	\$47.00
	RED Redraw IP/CA	\$31.00	\$31.00
	LLP LLP System	\$267.00	\$267.00
	TPN T & J Panel New	\$257.00	\$257.00
	CGN Conventional or Alter., Gravity, new	\$195.00	\$195.00
	CGR Conv. or Alter., Grav., T&J Panel Rpr	\$170.00	\$170.00
	PMP Any Pump installation (new only)	\$52.00	\$52.00
	MHP Mobile Home Conn. In Existing Park	\$98.00	\$98.00
	HDR Health Dept. Release	\$47.00	\$47.00
	WCP Water Supply Well Const. NFHC Permit	\$298.00	\$298.00
	DCP Drinking Water Well Const. Permit	\$360.00	\$360.00
	WAB Well Abandonment	\$129.00	\$129.00
	WAB Well Abandonment	\$129.00	\$129.00
	WSB Water Sample, Bacteria	\$37.00	\$37.00

	WSF Water Sample Fluoride	\$39.00	\$39.00
	WSI Water Sample Inorganic	\$74.00	\$74.00
	WSN Water Sample Nitrate/Nitrite	\$39.00	\$39.00
	WSP Water Sample Pesticide	\$88.00	\$88.00
	WSL Water Sample Petroleum	\$88.00	\$88.00
	WSO Water Sample Organic (VOA)	\$88.00	\$88.00
	WSU Water Sample Uranium (plus three metals)	\$75.00	\$75.00
	WIB Water Sample Iron Reducing Bacteria	\$63.00	\$63.00
	WSR Water Sample Sulfate Reducing Bacteria	\$70.00	\$70.00
	WIN Water Supply Inorganic and Nitrate	\$79.00	\$79.00
	SAF Swimming Pool Annual Fee	\$108.00	\$108.00

	SSP Secondary Pool at Same Site	\$27.00	\$27.00
	SPR Swimming Pool Plan Review	\$200.00	\$200.00
	SPRF Swimming Pool Revisit Fee (new)	n/a	\$47.00
	FSR Food Service Plan Review	\$205.00	\$205.00
	FRP Foodservice Remodel, Plan Review	\$103.00	\$103.00
	TAP Tattoo Artist Annual Permit Fee	\$103.00	\$103.00
	*TEW Tattoo/Perma nent Makeup Artist Educational Workshop Fee Up to 4 Students	\$103.00	\$103.00
	*TES Tattoo/Perma nent Makeup Artist Educational Workshop Fee For Each Enrolled Artist beyond 4	\$26.00	\$26.00
	SAP Seafood Mkt Annual Permit Fee	\$0.00	\$0.00

	TFE Temporary Food Establishment Fee	\$75.00	\$75.00
	<p>* 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.</p>	<p>\$100 - (instructor +4 students); \$26.00 each for each additional student and/or instructor</p>	<p>\$100 - (instructor +4 students); \$26.00 each for each additional student and/or instructor</p>

	LDS Dust Sample (Each) 24 Hour Turn Around	\$6.25	\$6.25
	LSS Soil Sample (Each) 24 Hour Turn Around	\$8.25	\$8.25
	LPS Paint Chip Sample (Each) 24 Hour Turn Around	\$6.25	\$6.25
	LWS Lead in Drinking Water (Each) 96 Hour Turn Around	\$31.00	\$31.00
	LWS Lead in Drinking Water (Each) 48 Hour Turn Around	\$42.00	\$42.00
	LWS Lead in Drinking Water (Each) 24 Hour Turn Around	\$73.00	\$73.00
	<u>CLEVELAND AVENUE DENTAL CLINIC</u>		
D0120	Periodic Exam	\$45.00	\$45.00
D0140	Limited Oral Eval	\$65.00	\$65.00
D0145	Comp Oral Eval >3	\$60.00	\$60.00
D0150	Comp Oral Eval	\$75.00	\$75.00
D0210	FMX	\$120.00	\$120.00
D0220	First PA	\$25.00	\$25.00
D0230	Additional PA	\$20.00	\$20.00
D0240	Occlusal Film	\$30.00	\$30.00

D0270	Single Bitewing	\$20.00	\$20.00
D0272	Bitewing - 2 films	\$30.00	\$30.00
D0273	Bitewing - 3 films	\$45.00	\$45.00
D0274	Bitewing - 4 films	\$55.00	\$55.00
D0330	Film/Panoramic	\$100.00	\$100.00
D1110	Prophy - Adult	\$65.00	\$65.00
D1120	Prohy - Child	\$50.00	\$50.00
D1204	Fluoride Topical - Adult	\$25.00	\$25.00
D1206	Fluoride Topical - Child	\$25.00	\$25.00
D1351	Sealant per Tooth	\$50.00	\$50.00
D1510	Space Maint. Fixed Unilateral	\$320.00	\$320.00
D1515	Space Maint. Fixed Bilateral	\$450.00	\$450.00
D1550	Space Maint. Recement	\$55.00	\$55.00
D2140	Amalgam - 1 surface	\$110.00	\$110.00
D2150	Amalgam - 2 surface	\$140.00	\$140.00
D2160	Amalgam - 3 surface	\$160.00	\$160.00
D2161	Amalgam - 4 surface	\$180.00	\$180.00
D2330	Comp Anterior - 1 surface	\$110.00	\$110.00
D2331	Comp Anterior - 2 surface	\$140.00	\$140.00
D2332	Comp Anterior - 3 surface	\$165.00	\$165.00
D2335	Comp Anterior - 4 surface	\$205.00	\$205.00
D2391	Comp Posterior - 1 surface	\$135.00	\$135.00
D2392	Comp Posterior - 2 surface	\$200.00	\$200.00
D2393	Comp Posterior - 3 surface	\$245.00	\$245.00

D2394	Comp Posterior - 4 surface	\$290.00	\$290.00
D2750	PFM Crown	\$800.00	\$800.00
D2790	Gold Crown (Cast)	\$800.00	\$800.00
D2920	Recement Crown	\$75.00	\$75.00
D2930	SSC - Primary - under 21	\$250.00	\$250.00
D2931	SSC - Permanent - under 21	\$260.00	\$260.00
D2940	Sedative Filling	\$75.00	\$75.00
D2950	Core Buildup with pin	\$170.00	\$170.00
D2951	Pin Retention per Tooth	\$45.00	\$45.00
D3110	Pulp Cap - direct	\$50.00	\$50.00
D3220	Pulpotomy	\$135.00	\$135.00
D3230	Pulpal Therapy- Anterior	\$240.00	\$240.00
D3240	Pulpal Therapy- Posterior	\$300.00	\$300.00
D3310	RCT-Anterior	\$520.00	\$520.00
D3320	RTC-Bicuspid	\$620.00	\$620.00
D3330	RCT-Molar	\$800.00	\$800.00
D4341	Perio Scale & Root 4+ per quad	\$170.00	\$170.00
D4342	Perio Scale & root pln 1-3 quad	\$110.00	\$110.00
D4355	Full Mouth Debridement	\$115.00	\$115.00
D5110	Denture-Upper	\$980.00	\$980.00
D5120	Denture-Lower	\$980.00	\$980.00
D5211	Upper Resin Partial	\$725.00	\$725.00
D5212	Upper Resin Partial	\$725.00	\$725.00
D5213	Upper Metal Partial	\$1,008.00	\$1,008.00

D5214	Lower Metal Partial	\$1,008.00	\$1,008.00
D5225	Upper Flexible Valplast Partial	\$646.00	\$646.00
D5236	Lower Flexible Valplast Partial	\$646.00	\$646.00
D5520	Replace tooth (denture	\$95.00	\$95.00
D5610	Repair Resin Denture	\$120.00	\$120.00
D5620	Repair Cast Framework	\$132.00	\$132.00
D5630	Repair/Replace broken clasp	\$185.00	\$185.00
D5640	Replace Broken Tooth	\$101.00	\$101.00
D5650	Add tooth to partial	\$150.00	\$150.00
D5660	Add clasp to partial	\$155.00	\$155.00
D5740	Upper Reline-Office	\$175.00	\$175.00
D5741	Lower Reline-Office	\$175.00	\$175.00
D5750	Upper Denture Reline-Lab	\$300.00	\$300.00
D5751	Lower Denture Reline-Lab	\$300.00	\$300.00
D5760	Upper Partial Reline-lab	\$275.00	\$275.00
D5761	Lower Partial Reline-Lab	\$275.00	\$275.00
D5820	Upper Flipper	\$400.00	\$400.00
D5821	Lower Flipper	\$400.00	\$400.00
D5850	Tissue Conditioning-Max	\$100.00	\$100.00
D5851	Tissue Conditioning-mand	\$100.00	\$100.00
D7111	Extraction coronal remnant	\$120.00	\$120.00
D7140	Extraction-simple	\$130.00	\$130.00

D7210	Extraction-Surgical	\$200.00	\$200.00
D7220	Extraction-Impacted	\$240.00	\$240.00
D9110	Emergency Palliative Tx	\$75.00	\$75.00
D9230	Nitrous	\$75.00	\$75.00
D9940	Occlusal Guard	\$360.00	\$360.00
D9941	Night Guard	\$200.00	\$200.00
	\$3 Medicaid co-pay Adults ≥ 21		