



**RESOLUTION APPROVING THE 2016-2017 PROPOSED FEE SCHEDULE BASED UPON A PLAN RECOMMENDED BY THE HEALTH DIRECTOR AND APPROVED 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 attached 2016-2017 Proposed Fee Schedule for public health services; and on May 4, 2016, the Forsyth County Board of Health approved the 2016-2017 Proposed Fee Schedule 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 2016-2017 Proposed Fee Schedule for services rendered by the Forsyth County Department of Public Health, which is incorporated herein by reference.

Adopted this 11<sup>th</sup> day of July 2016.

**RESOLUTION APPROVING REVISED FEES FOR SERVICES RENDERED BY THE  
FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH  
(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 fees for public health services; and on May 4, 2016 the Forsyth County Board of Health approved the proposed fees;

**THEREFORE**, the Forsyth County Board of Health recommends that the Board of County Commissioners adopt by resolution the Proposed 2016-1017 Fee Schedule for Services provided by the Forsyth County Department of Public Health. For individuals without health insurance or Medicaid, the Public Health Department will utilize the Federal Sliding Fee Scale that is based on income and family size.

Adopted this the 4<sup>th</sup> of May 2016.



James K. Doub, O.D.  
Chairman, Forsyth County Board of Health



Forsyth County  
*Department of Public Health*

---

Promoting Health, Improving Lives

# **2016-2017 Proposed Fee Schedule**

## **Purpose**

North Carolina law<sup>1</sup> 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 17, effective on August 1, 2016. Forsyth County Department of Public Health will review fees annually and recommend adjustments as needed.

## **Methodology for Setting Fee Schedule**

### **#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) and a couple of surrounding counties (Davidson and Caswell). 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. The final fee for most services falls under one of the following 3 formulas:

1. Procedure/Services = the Medicaid Reimbursement plus 25% (this amount covers administrative costs associated with rendering the service).
2. Product (Vaccine) = Cost plus 25% (this amount covers costs associated with administering product)
3. Product (Family Planning 340B Methods) = Acquisition Cost Only; Change in billing guidance from NC DHHS with respect to all drugs purchased via the 340B discount program

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

---

<sup>1</sup> North Carolina General Statute 130A-39(g)

Forsyth County Department of Public Health  
2016-17 Proposed Fee Schedule

| CODE  | SERVICE   | CURRENT FEE | PROPOSED FEE |
|-------|---|-------------|--------------|
|       | <b>VITAL RECORDS</b>                              |             |              |
|       | Vital Records Annual Workshop for Funeral Homes   | \$10.00     | \$10.00      |
|       | <b>MEDICAL RECORDS</b>                            |             |              |
|       | Copies  |             |              |
|       | 1-25 pages (cost is per page)                     | \$0.75      | \$0.75       |
|       | 26-100 pages (cost is per page)                   | \$0.50      | \$0.50       |
|       | 100+ pages (cost is per page)                     | \$0.25      | \$0.25       |
|       | <b>CLASSES</b>                                    |             |              |
|       | Childbirth Classes                                | \$11.00     | \$11.00      |
|       | <b>CLINICS &amp; LABORATORY</b>                   |             |              |
| 11981 | Nexplanon insertion                               | \$127.00    | \$127.00     |
| 11982 | Nexplanon removal                                 | \$147.00    | \$147.00     |
| 11983 | Nexplanon removal/re-insertion                    | \$228.00    | \$228.00     |
| 36415 | Venipuncture (for tests to be performed in-house) | \$4.00      | \$4.00       |
| 36416 | Capillary-Finger/Heel                             | \$9.00      | \$9.00       |
| 54050 | TCA Tx- Wart 1-2 lesions (M)                      | \$124.00    | \$124.00     |
| 56501 | TCA Tx- Wart 1-2 lesion (Fe)                      | \$125.00    | \$125.00     |
| 58300 | IUD Dev- Insertion                                | \$76.00     | \$76.00      |
| 58301 | IUD Removal                                       | \$94.00     | \$94.00      |
| 80061 | Lipid Panel                                       | \$21.00     | \$21.00      |
| 81002 | Urine Chemstrip                                   | \$4.00      | \$4.00       |
| 81025 | Preg. Test Urine                                  | \$11.00     | \$11.00      |
| 82040 | Albumin   | \$8.00      | \$8.00       |
| 82150 | Amylase   | \$10.00     | \$10.00      |
| 82247 | Total Bilirubin                                   | \$8.00      | \$8.00       |
| 82270 | Hemocult  | \$5.00      | \$5.00       |
| 82310 | Calcium   | \$8.00      | \$8.00       |
| 82465 | Total Cholesterol                                 | \$7.00      | \$7.00       |
| 82565 | Creatinine  | \$8.00      | \$8.00       |
| 82947 | Glucose   | \$6.00      | \$6.00       |
| 82977 | Gamma Glutamyltransferase                         | \$11.00     | \$11.00      |
| 84075 | Alkaline Phosphatase                              | \$8.00      | \$8.00       |
| 84155 | Total Protein                                     | \$6.00      | \$6.00       |
| 84443 | Thyroid Panel                                     | \$26.00     | \$26.00      |
| 84450 | Aspartate aminotransferase                        | \$8.00      | \$8.00       |
| 84460 | Alanine Aminotransferase                          | \$8.00      | \$8.00       |
| 84550 | Uric Acid   | \$7.00      | \$7.00       |
| 85014 | Hematocrit  | \$4.00      | \$4.00       |
| 85018 | Hemoglobin (Hgb)                                  | \$4.00      | \$4.00       |

Forsyth County Department of Public Health  
2016-17 Proposed Fee Schedule

| CODE  | SERVICE                              | CURRENT FEE | PROPOSED FEE |
|-------|--------------------------------------|-------------|--------------|
| 85025 | CBC                                  | \$16.00     | \$12.00      |
| 86580 | PPD Administration                   | \$15.00     | \$15.00      |
| 86592 | TRUST-RPR                            | \$7.00      | \$7.00       |
| 87081 | Rectal/Pharyngeal GC culture         | \$9.00      | \$9.00       |
| 87205 | Gram Stain                           | \$7.00      | \$7.00       |
| 87210 | Wet Mount                            | \$6.00      | \$6.00       |
| 87491 | Chlamydia-Gen-Probe- NAAT-Urogenital | \$39.00     | \$39.00      |
| 87591 | GC-Gen-Probe-NAAT-Urogenital         | \$39.00     | \$39.00      |
| 90471 | 1 vaccine - IM/SQ                    | \$17.00     | \$17.00      |
| 90472 | for each additional Vaccine IM/SQ    | \$17.00     | \$17.00      |
| 90473 | Rotateq w/ inj                       | \$17.00     | \$17.00      |
| 90474 | Rotateq only                         | \$17.00     | \$17.00      |
| 90632 | Hep A Adult                          | \$69.00     | \$55.00      |
| 90633 | Hep A Ped                            | \$25.00     | \$27.00      |
| 90636 | Hep AB (Twinrix)                     | \$112.00    | \$112.00     |
| 90648 | ActHib (PRP-T)                       | \$26.00     | \$26.00      |
| 90651 | Gardasil 9                           | \$170.00    | \$214.00     |
| 90670 | Pneumococcal Conjugate (PCV13)       | \$144.00    | \$199.00     |
| 90700 | DTaP                                 | \$24.00     | \$28.00      |
| 90707 | MMR                                  | \$73.00     | \$78.00      |
| 90713 | IPV                                  | \$31.00     | \$36.00      |
| 90714 | Td Adult                             | \$29.00     | \$37.00      |
| 90715 | Tdap                                 | \$49.00     | \$49.00      |
| 90716 | Varicella                            | \$118.00    | \$134.00     |
| 90732 | Pneumonia (PPV23)                    | \$84.00     | \$100.00     |
| 90733 | Menomune                             | \$113.00    | \$113.00     |
| 90734 | Menactra                             | \$134.00    | \$134.00     |
| 90736 | Zostavax                             | \$228.00    | \$246.00     |
| 90744 | Hep B Ped                            | \$18.00     | \$20.00      |
| 90746 | Hep B Adult                          | \$70.00     | \$69.00      |
| 92551 | Audiometer Hearing Screening         | \$10.00     | \$10.00      |
| 92558 | OAE Hearing Screen                   | \$10.00     | \$10.00      |
| 96110 | Developmental Screening              | \$11.00     | \$11.00      |
| 99173 | Vision Screening                     | \$10.00     | \$10.00      |
| 99201 | Brief                                | \$78.00     | \$78.00      |
| 99203 | Expanded                             | \$166.00    | \$166.00     |
| 99204 | Detailed                             | \$243.00    | \$243.00     |
| 99205 | Comprehensive                        | \$305.00    | \$305.00     |
| 99211 | Brief                                | \$43.00     | \$43.00      |
| 99212 | Problem                              | \$71.00     | \$71.00      |
| 99213 | Expanded                             | \$98.00     | \$98.00      |
| 99214 | Detailed                             | \$153.00    | \$153.00     |
| 99215 | Comprehensive                        | \$228.00    | \$228.00     |
| 99381 | Age: 0-1                             | \$113.00    | \$113.00     |
| 99382 | Age: 1-4 (EP)                        | \$113.00    | \$113.00     |

Forsyth County Department of Public Health  
2016-17 Proposed Fee Schedule

| CODE    | SERVICE  | CURRENT FEE | PROPOSED FEE |
|---------|--|-------------|--------------|
| 99383   | Age: 5- 11 (FP)  | \$193.00    | \$193.00     |
| 99383   | Age: 5-11 (EP)   | \$113.00    | \$113.00     |
| 99384   | Age: 12- 17 (FP)   | \$211.00    | \$211.00     |
| 99384   | Age: 12-17 (EP)  | \$113.00    | \$113.00     |
| 99385   | Age: 18- 39 (FP)   | \$209.00    | \$209.00     |
| 99385   | Age: 18-39 (EP)  | \$113.00    | \$113.00     |
| 99386   | Age: 40- 64  | \$249.00    | \$249.00     |
| 99391   | Age: 0-1   | \$113.00    | \$113.00     |
| 99392   | Age: 1-4   | \$113.00    | \$113.00     |
| 99393   | Age: 5- 11 (FP)  | \$183.00    | \$183.00     |
| 99393   | Age: 5-11 (EP)   | \$113.00    | \$113.00     |
| 99394   | Age: 12- 17 (FP)   | \$183.00    | \$183.00     |
| 99394   | Age: 12-17 (EP)  | \$113.00    | \$113.00     |
| 99395   | Age: 18- 39 (FP)   | \$178.00    | \$178.00     |
| 99395   | Age: 18-39 (EP)  | \$113.00    | \$113.00     |
| 99396   | Age: 40- 64 (FP)   | \$198.00    | \$198.00     |
| 99406   | Smoking/Tobacco Cessation  | \$15.00     | \$15.00      |
| 99408   | Substance Abuse Scrn. 15 min. intervention                             | \$39.00     | \$39.00      |
| 99420   | M-Chat   | \$10.00     | \$10.00      |
| 86703QW | Rapid HIV- Oraquick  | \$19.00     | \$19.00      |
| J1050   | Depo-Provera (150mg)   | \$49.00     | \$25.81      |
| J7300   | IUD Device- Paragard   | \$484.00    | \$225.03     |
| J7298   | IUD Device- Mirena   | \$932.00    | \$207.72     |
| J7297   | IUD Device - Liletta (NEW)   |             | \$47.00      |
| J7307   | Nexplanon device   | \$874.00    | \$364.00     |
| J7303   | Nuva-Ring (3 month supply) (NEW)                                       |             | \$42.60      |
| J7304   | Contraceptive Patch (1 month supply) (NEW)                             |             | \$62.14      |
| S4993   | Birth Control pills (per Pack) (NEW)                                   |             | \$3.64       |
| A4267   | Male condoms (each) (NEW)  |             | \$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)                            | \$23.00     | \$23.00      |
| T1002   | TB Nurse Visit: (Time Units:per 15 minutes)                            | \$23.00     | \$23.00      |
|         |  |             |              |
|         | <b>ENVIRONMENTAL HEALTH FEES</b>                                       |             |              |
|         | 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     |



Forsyth County Department of Public Health  
2016-17 Proposed Fee Schedule

| CODE | SERVICE  | CURRENT FEE | PROPOSED FEE |
|------|--|-------------|--------------|
|      | 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     |
|      | 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/Permanent Makeup Artist Educational Workshop Fee Up to 4 Students                  | \$103.00    | \$103.00     |
|      | *TES Tattoo/Permanent 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      |

Forsyth County Department of Public Health  
2016-17 Proposed Fee Schedule

| 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. |             |              |
|      | 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      |
|      |   |             |              |
|      | <b><u>CLEVELAND AVENUE DENTAL CLINIC</u></b>  |             |              |
|      | Periodic Exam   | \$44.00     | \$44.00      |
|      | Limited Oral Eval   | \$62.00     | \$62.00      |
|      | Comp Oral Eval >3   | \$61.00     | \$61.00      |
|      | Comp Oral Eval  | \$75.00     | \$75.00      |
|      | FMX   | \$118.00    | \$118.00     |
|      | First PA  | \$25.00     | \$25.00      |
|      | Additional PA   | \$20.00     | \$20.00      |
|      | Occlusal Film   | \$27.00     | \$27.00      |
|      | Single Bitewing   | \$20.00     | \$20.00      |
|      | Bitewing - 2 films  | \$31.00     | \$31.00      |
|      | Bitewing - 3 films  | \$42.00     | \$42.00      |
|      | Bitewing - 4 films  | \$53.00     | \$53.00      |
|      | Film/Panoramic  | \$98.00     | \$98.00      |
|      | Prophy - Adult  | \$65.00     | \$65.00      |
|      | Prohy - Child   | \$50.00     | \$50.00      |
|      | Fluoride Topical - Adult  | \$26.00     | \$26.00      |
|      | Fluoride Topical - Child  | \$26.00     | \$26.00      |
|      | Sealant per Tooth   | \$48.00     | \$48.00      |
|      | Space Maint. Fixed Unilateral   | \$319.00    | \$319.00     |
|      | Space Maint. Fixed Bilateral  | \$450.00    | \$450.00     |

Forsyth County Department of Public Health  
2016-17 Proposed Fee Schedule

| CODE | SERVICE                         | CURRENT FEE | PROPOSED FEE |
|------|---------------------------------|-------------|--------------|
|      | Space Maint. Recement           | \$55.00     | \$55.00      |
|      | Amalgam - 1 surface             | \$108.00    | \$108.00     |
|      | Amalgam - 2 surface             | \$138.00    | \$138.00     |
|      | Amalgam - 3 surface             | \$158.00    | \$158.00     |
|      | Amalgam - 4 surface             | \$176.00    | \$176.00     |
|      | Comp Anterior - 1 surface       | \$110.00    | \$110.00     |
|      | Comp Anterior - 2 surface       | \$136.00    | \$136.00     |
|      | Comp Anterior - 3 surface       | \$162.00    | \$162.00     |
|      | Comp Anterior - 4 surface       | \$205.00    | \$205.00     |
|      | Comp Posterior - 1 surface      | \$134.00    | \$134.00     |
|      | Comp Posterior - 2 surface      | \$198.00    | \$198.00     |
|      | Comp Posterior - 3 surface      | \$242.00    | \$242.00     |
|      | Comp Posterior - 4 surface      | \$292.00    | \$292.00     |
|      | PFM Crown                       | \$760.00    | \$760.00     |
|      | Gold Crown (Cast)               | \$760.00    | \$760.00     |
|      | Recement Crown                  | \$75.00     | \$75.00      |
|      | SSC - Primary - under 21        | \$250.00    | \$250.00     |
|      | SSC - Permanent - under 21      | \$260.00    | \$260.00     |
|      | Sedative Filling                | \$75.00     | \$75.00      |
|      | Core Buildup with pin           | \$170.00    | \$170.00     |
|      | Pin Retention per Tooth         | \$45.00     | \$45.00      |
|      | Pulp Cap - direct               | \$50.00     | \$50.00      |
|      | Pulpotomy                       | \$136.00    | \$136.00     |
|      | Pulpal Therapy-Anterior         | \$240.00    | \$240.00     |
|      | Pulpal Therapy-Posterior        | \$300.00    | \$300.00     |
|      | RCT-Anterior                    | \$520.00    | \$520.00     |
|      | RTC-Bicuspid                    | \$620.00    | \$620.00     |
|      | RCT-Molar                       | \$800.00    | \$800.00     |
|      | Perio Scale & Root 4+ per quad  | \$170.00    | \$170.00     |
|      | Perio Scale & root pln 1-3 quad | \$110.00    | \$110.00     |
|      | Full Mouth Debridement          | \$115.00    | \$115.00     |
|      | Denture-Upper                   | \$980.00    | \$980.00     |
|      | Denture-Lower                   | \$988.00    | \$988.00     |
|      | Upper Resin Partial             | \$725.00    | \$725.00     |
|      | Upper Resin Partial             | \$725.00    | \$725.00     |
|      | Upper Metal Partial             | \$1,008.00  | \$1,008.00   |
|      | Lower Metal Partial             | \$1,008.00  | \$1,008.00   |
|      | Upper Flexible Valplast Partial | \$646.00    | \$646.00     |
|      | Lower Flexible Valplast Partial | \$646.00    | \$646.00     |
|      | Replace tooth (denture)         | \$95.00     | \$95.00      |
|      | Repair Resin Denture            | \$120.00    | \$120.00     |
|      | Repair Cast Framework           | \$132.00    | \$132.00     |
|      | Repair/Replace broken clasp     | \$185.00    | \$185.00     |
|      | Replace Broken Tooth            | \$101.00    | \$101.00     |
|      | Add tooth to partial            | \$150.00    | \$150.00     |

Forsyth County Department of Public Health  
2016-17 Proposed Fee Schedule

| <b>CODE</b> | <b>SERVICE</b>                  | <b>CURRENT FEE</b> | <b>PROPOSED FEE</b> |
|-------------|---------------------------------|--------------------|---------------------|
|             | Add clasp to partial            | \$155.00           | \$155.00            |
|             | Upper Reline-Office             | \$175.00           | \$175.00            |
|             | Lower Reline-Office             | \$175.00           | \$175.00            |
|             | Upper Denture Reline-Lab        | \$300.00           | \$300.00            |
|             | Lower Denture Reline-Lab        | \$300.00           | \$300.00            |
|             | Upper Partial Reline-lab        | \$275.00           | \$275.00            |
|             | Lower Partial Reline-Lab        | \$275.00           | \$275.00            |
|             | Upper Flipper                   | \$400.00           | \$400.00            |
|             | Lower Flipper                   | \$400.00           | \$400.00            |
|             | Tissue Conditioning-Max         | \$100.00           | \$100.00            |
|             | Tissue Conditioning-mand        | \$100.00           | \$100.00            |
|             | Extraction-simple               | \$120.00           | \$120.00            |
|             | Extraction-Surgical             | \$200.00           | \$200.00            |
|             | Extraction-Impacted             | \$240.00           | \$240.00            |
|             | Emergency Palliative Tx         | \$75.00            | \$75.00             |
|             | Nitrous                         | \$72.00            | \$72.00             |
|             | Occlusal Guard                  | \$360.00           | \$360.00            |
|             | Night Guard                     | \$200.00           | \$200.00            |
|             |                                 |                    |                     |
|             | \$3 Medicaid co-pay Adults ≥ 21 |                    |                     |