

Forsyth County Department of Public Health FY 2019-20 Fee Schedule

CODE	SERVICE	FY 20 Fee Schedule
	<b>VITAL RECORDS</b>	
	Vital Records Annual Workshop for Funeral Homes	\$10.00
	<b>MEDICAL RECORDS</b>	
	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
	<b>CLASSES</b>	
	Childbirth Classes	\$11.00
	<b>CLINICS &amp; LABORATORY</b>	
11981	Nexplanon insertion	\$148.00
11982	Nexplanon removal	\$170.00
11983	Nexplanon removal/re-insertion	\$265.00
36415	Venipuncture (for tests to be performed in-house)	\$7.00
36416	Capillary-Finger/Heel	\$10.00
54050	TCA Tx- Wart 1-2 lesions (M)	\$143.00
56501	TCA Tx- Wart 1-2 lesion (Fe)	\$146.00
58300	IUD Dev- Insertion	\$88.00
58301	IUD Removal	\$109.00
80061	Lipid Panel	\$25.00
80076	Hepatic Panel (Piccolo) (NEW)	\$16.00
81002	Urine Chemstrip	\$5.00
81025	Preg. Test Urine	\$12.00
82040	Albumin	\$9.00
82150	Amylase	\$12.00
82247	Total Bilirubin	\$9.00

Forsyth County Department of Public Health FY 2019-20 Fee Schedule

<b>CODE</b>	<b>SERVICE</b>	<b>FY 20 Fee Schedule</b>
82270	Hemoccult	\$6.00
82310	Calcium	\$9.00
82465	Total Cholesterol	\$8.00
82565	Creatinine	\$10.00
82947	Glucose	\$16.00
83036	HgbA1C	\$7.00
84075	Alkaline Phosphatase	\$10.00
84155	Total Protein	\$7.00
84443	Thyroid Panel	\$30.00
84450	Aspartate aminotransferase	\$10.00
84460	Alanine Aminotransferase	\$10.00
84550	Uric Acid	\$8.00
80048	BMP (Basic Metabolic Panel) (NEW)	\$16.00
80053	CMP (Comprehensive Metabolic Panel) (NEW)	\$16.00
85014	Hematocrit	\$5.00
85018	Hemoglobin (Hgb)	\$5.00
85025	CBC with differential	\$14.00
85027	CBC without differential	\$10.00
86580	PPD Administration	\$25.00
86592	TRUST-RPR	\$8.00
86595	TRUST-RPR (quantitative) (NEW)	\$14.00
87205	Gram Stain	\$8.00
87210	Wet Mount	\$7.00
87491	Chlamydia-Gen-Probe- NAAT-Urogenital and/or rectal	\$45.00
87591	GC-Gen-Probe-NAAT-Urogenital	\$45.00
90471	1 vaccine - IM/SQ	\$45.00
87661	Trichomoniasis-Gen-Probe-NAAT Urogenital	\$45.00
87798	Trichomonas-Gen-Probe-NAAT Urine (NEW)	\$45.00
90472	for each additional Vaccine IM/SQ	\$20.00
90473	Rotateq w/ inj	\$20.00
90474	Rotateq only	\$20.00
90620	Meningococcal B (adult or child) - Bexsero	\$183.00
90632	Hep A Adult	\$86.00
90633	Hep A Ped	\$30.00
90636	Hep AB (Twinrix)	\$93.00
90648	ActHib (PRP-T)	\$22.00

Forsyth County Department of Public Health FY 2019-20 Fee Schedule

<b>CODE</b>	<b>SERVICE</b>	<b>FY 20 Fee Schedule</b>
90651	Gardasil 9	\$268.00
90670	Pneumococcal Conjugate (PCV13)	\$245.00
90700	DTaP	\$30.00
90707	MMR	\$94.00
90713	IPV	\$43.00
90714	Td Adult	\$47.00
90715	Tdap	\$47.00
90716	Varicella	\$166.00
90732	Pneumonia (PPV23)	\$126.00
90733	Menomune	\$154.00
90734	Menactra	\$158.00
90736	Zostavax	\$324.00
90739	Hepatitis B (Heplisav-B) 2 dose series (adult)	\$118.00
90744	Hep B Ped	\$30.00
90746	Hep B Adult	\$72.00
90750	Shingrix (Shingles) (adult)	\$175.00
92551	Audiometer Hearing Screening	\$12.00
92558	OAE Hearing Screen	\$12.00
96110	Developmental Screening	\$13.00
96127	Depression Screening	\$5.00
99173	Vision Screening	\$12.00
99201	Brief	\$116.00
99203	Expanded	\$192.00
99204	Detailed	\$282.00
99205	Comprehensive	\$354.00
99211	Brief	\$50.00
99212	Problem	\$83.00
99213	Expanded	\$114.00
99214	Detailed	\$177.00
99215	Comprehensive	\$264.00
99381	Age: 0-1	\$131.00
99382	Age: 1-4 (EP)	\$131.00
99383	Age: 5- 11 (FP)	\$223.00
99383	Age: 5-11 (EP)	\$131.00
99384	Age: 12- 17 (FP)	\$245.00
99384	Age: 12-17 (EP)	\$131.00
99385	Age: 18- 39 (FP)	\$242.00
99385	Age: 18-39 (EP)	\$131.00
99386	Age: 40- 64	\$289.00

Forsyth County Department of Public Health FY 2019-20 Fee Schedule

CODE	SERVICE	FY 20 Fee Schedule
99391	Age: 0-1	\$131.00
99392	Age: 1-4	\$131.00
99393	Age: 5- 11 (FP)	\$212.00
99393	Age: 5-11 (EP)	\$131.00
99394	Age: 12- 17 (FP)	\$212.00
99394	Age: 12-17 (EP)	\$131.00
99395	Age: 18- 39 (FP)	\$206.00
99395	Age: 18-39 (EP)	\$131.00
99396	Age: 40- 64 (FP)	\$229.00
99406	Smoking/Tobacco Cessation	\$17.00
99408	Substance Abuse Scrn. 15 min. intervention	\$45.00
99420	M-Chat	
86703Q W	Rapid HIV- Oraquick	\$28.00
59701/ CPT 86703	Rapid HIV- Alere (antibody 1/2 and antigen p24) (NEW)	\$18.00
J1050	Depo-Provera (150mg)	\$0.02
J7300	IUD Device- Paragard	\$247.83
J7296	IUD Device- Kyleena	\$250.00
J7298	IUD Device- Mirena	\$250.00
J7297	IUD Device - Liletta	\$50.00
J7307	Nexplanon device	\$364.00
J7303	Nuva-Ring (3 month supply)	\$42.60
J7304	Contraceptive Patch (1 month supply)	\$62.14
S4993	Birth Control pills (per Pack)	\$3.64
A4267	Male condoms (each)	\$0.09
LU125	PPD Reading Placed Elsewhere	\$10.00
LU235	Pill Replacement (per pack of pills)	\$5.00
T1002	ERRN STD SCREENING ( Units: per 15 minutes)	\$27.00
T1002	TB Nurse Visit: (Time Units:per 15 minutes)	\$27.00
	<b><u>ENVIRONMENTAL HEALTH FEES</u></b>	
	SSA Soil Site Application: any 3,4,5 or 6 BR house _____ lots@_____/lot	\$170.00
	SS1 480-1500 gpd (business or church)	\$360.00
	SS2 1500-3000 gpd	\$545.00

Forsyth County Department of Public Health FY 2019-20 Fee Schedule

CODE	SERVICE	FY 20 Fee Schedule
	SS3 >3000 gpd	\$1,922.00
	REV Revisit	\$47.00
	RED Redraw IP/CA	\$31.00
	LLP LLP System	\$267.00
	TPN T & J Panel New	\$257.00
	CGN Conventional or Alter., Gravity, new	\$195.00
	CGR Conv. or Alter., Grav., T&J Panel Rpr	\$170.00
	PMP Any Pump installation (new only)	\$52.00
	MHP Mobile Home Conn. In Existing Park	\$98.00
	HDR Health Dept. Release	\$47.00
	WCP Water Supply Well Const. NFHC Permit	\$298.00
	DCP Drinking Water Well Const. Permit	\$360.00
	WAB Well Abandonment	\$129.00
	WAB Well Abandonment	\$129.00
	WSB Water Sample, Bacteria	\$37.00
	WSF Water Sample Fluoride	\$39.00
	WSI Water Sample Inorganic	\$74.00
	WSN Water Sample Nitrate/Nitrite	\$39.00
	WSP Water Sample Pesticide	\$88.00
	WSL Water Sample Petroleum	\$88.00
	WSO Water Sample Organic (VOA)	\$88.00
	WSU Water Sample Uranium (plus three metals)	\$75.00
	WIB Water Sample Iron Reducing Bacteria	\$63.00
	WSR Water Sample Sulfate Reducing Bacteria	\$70.00
	WIN Water Supply Inorganic and Nitrate	\$79.00
	SAF Swimming Pool Annual Fee	\$108.00
	SSP Secondary Pool at Same Site	\$27.00
	SPR Swimming Pool Plan Review	\$200.00
	SPRF Swimming Pool Revisit Fee (new)	\$47.00
	FSR Food Service Plan Review	\$205.00
	FRP Foodservice Remodel, Plan Review	\$103.00
	TAP Tattoo Artist Annual Permit Fee	\$103.00
	*TEW Tattoo/Permanent Makeup Artist Educational Workshop Fee Up to 4 Students	\$103.00

Forsyth County Department of Public Health FY 2019-20 Fee Schedule

CODE	SERVICE	FY 20 Fee Schedule
	*TES Tattoo/Permanent Makeup Artist Educational Workshop Fee For Each Enrolled Artist beyond 4	\$26.00
	SAP Seafood Mkt Annual Permit Fee	\$0.00
	TFE Temporary Food Establishment Fee	\$75.00
	* 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.	\$100 - (instructor +4 students); \$26.00 each for each additional student and/or instructor
	LDS Dust Sample (Each) 24 Hour Turn Around	\$6.25
	LSS Soil Sample (Each) 24 Hour Turn Around	\$8.25
	LPS Paint Chip Sample (Each) 24 Hour Turn Around	\$6.25
	LWS Lead in Drinking Water (Each) 96 Hour Turn Around	\$31.00
	LWS Lead in Drinking Water (Each) 48 Hour Turn Around	\$42.00
	LWS Lead in Drinking Water (Each) 24 Hour Turn Around	\$73.00
	<b><u>CLEVELAND AVENUE DENTAL CLINIC</u></b>	
D0120	Periodic Exam	\$45.00
D0140	Limited Oral Eval	\$65.00
D0145	Comp Oral Eval >3	\$60.00
D0150	Comp Oral Eval	\$75.00
D0210	FMX	\$120.00
D0220	First PA	\$25.00
D0230	Additional PA	\$20.00
D0240	Occlusal Film	\$30.00
D0270	Single Bitewing	\$20.00
D0272	Bitewing - 2 films	\$30.00

Forsyth County Department of Public Health FY 2019-20 Fee Schedule

<b>CODE</b>	<b>SERVICE</b>	<b>FY 20 Fee Schedule</b>
D0273	Bitewing - 3 films	\$45.00
D0274	Bitewing - 4 films	\$55.00
D0330	Film/Panoramic	\$100.00
D1110	Prophy - Adult	\$65.00
D1120	Prohy - Child	\$50.00
D1204	Fluoride Topical - Adult	\$25.00
D1206	Fluoride Topical - Child	\$25.00
D1351	Sealant per Tooth	\$50.00
D1510	Space Maint. Fixed Unilateral	\$320.00
D1515	Space Maint. Fixed Bilateral	\$450.00
D1550	Space Maint. Recement	\$55.00
D2140	Amalgam - 1 surface	\$110.00
D2150	Amalgam - 2 surface	\$140.00
D2160	Amalgam - 3 surface	\$160.00
D2161	Amalgam - 4 surface	\$180.00
D2330	Comp Anterior - 1 surface	\$110.00
D2331	Comp Anterior - 2 surface	\$140.00
D2332	Comp Anterior - 3 surface	\$165.00
D2335	Comp Anterior - 4 surface	\$205.00
D2391	Comp Posterior - 1 surface	\$135.00
D2392	Comp Posterior - 2 surface	\$200.00
D2393	Comp Posterior - 3 surface	\$245.00
D2394	Comp Posterior - 4 surface	\$290.00
D2750	PFM Crown	\$800.00
D2790	Gold Crown (Cast)	\$800.00
D2920	Recement Crown	\$75.00
D2930	SSC - Primary - under 21	\$250.00
D2931	SSC - Permanent - under 21	\$260.00
D2940	Sedative Filling	\$75.00
D2950	Core Buildup with pin	\$170.00
D2951	Pin Retention per Tooth	\$45.00
D3110	Pulp Cap - direct	\$50.00
D3220	Pulpotomy	\$135.00
D3230	Pulpal Therapy-Anterior	\$240.00
D3240	Pulpal Therapy-Posterior	\$300.00
D3310	RCT-Anterior	\$520.00
D3320	RTC-Bicuspid	\$620.00
D3330	RCT-Molar	\$800.00
D4341	Perio Scale & Root 4+ per quad	\$170.00
D4342	Perio Scale & root pln 1-3 quad	\$110.00

Forsyth County Department of Public Health FY 2019-20 Fee Schedule

<b>CODE</b>	<b>SERVICE</b>	<b>FY 20 Fee Schedule</b>
D4355	Full Mouth Debridement	\$115.00
D5110	Denture-Upper	\$980.00
D5120	Denture-Lower	\$980.00
D5211	Upper Resin Partial	\$725.00
D5212	Upper Resin Partial	\$725.00
D5213	Upper Metal Partial	\$1,008.00
D5214	Lower Metal Partial	\$1,008.00
D5225	Upper Flexible Valplast Partial	\$646.00
D5236	Lower Flexible Valplast Partial	\$646.00
D5520	Replace tooth (denture)	\$95.00
D5610	Repair Resin Denture	\$120.00
D5620	Repair Cast Framework	\$132.00
D5630	Repair/Replace broken clasp	\$185.00
D5640	Replace Broken Tooth	\$101.00
D5650	Add tooth to partial	\$150.00
D5660	Add clasp to partial	\$155.00
D5740	Upper Reline-Office	\$175.00
D5741	Lower Reline-Office	\$175.00
D5750	Upper Denture Reline-Lab	\$300.00
D5751	Lower Denture Reline-Lab	\$300.00
D5760	Upper Partial Reline-lab	\$275.00
D5761	Lower Partial Reline-Lab	\$275.00
D5820	Upper Flipper	\$400.00
D5821	Lower Flipper	\$400.00
D5850	Tissue Conditioning-Max	\$100.00
D5851	Tissue Conditioning-mand	\$100.00
D7111	Extraction coronal remnant	\$120.00
D7140	Extraction-simple	\$130.00
D7210	Extraction-Surgical	\$200.00
D7220	Extraction-Impacted	\$240.00
D9110	Emergency Palliative Tx	\$75.00
D9230	Nitrous	\$75.00
D9940	Occlusal Guard	\$360.00
D9941	Night Guard	\$200.00
	\$3 Medicaid co-pay Adults ≥ 21	