

**FORSYTH COUNTY**  
**BOARD OF COMMISSIONERS**

**BRIEFING  
DRAFT**

MEETING DATE: APRIL 10, 2017

AGENDA ITEM NUMBER: 4

**SUBJECT: RESOLUTION APPROVING THE 2017-2018 PROPOSED FEE SCHEDULE  
RECOMMENDED BY THE FORSYTH COUNTY HEALTH DIRECTOR AND THE  
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:**

**SUMMARY OF INFORMATION:**

The Forsyth County Department of Public Health is requesting approval of the attached 2017-2018 Proposed Fee Schedule. N.C.G.S. 130A-39(g) authorizes the local board of health to 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 Forsyth County Board of Health approved the 2017-2018 Proposed Fee Schedule based on a plan recommended by the Forsyth County Health Director. At its March 1, 2017 meeting, the Board of Health further recommended approval of the Fee Schedule by the Forsyth County Board of Commissioners. The Public Health Department proposes the recommended fees be effective July 1, 2017.

The 2017-2018 Proposed Fee Schedule, including purpose and methodology, is incorporated herein by reference.

ATTACHMENTS:  YES  NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
COUNTY MANAGER

**RESOLUTION APPROVING THE 2017-2018 PROPOSED FEE SCHEDULE  
RECOMMENDED BY THE FORSYTH COUNTY HEALTH DIRECTOR AND  
THE 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 fee schedule for public health services; and on March 1, 2017, the Forsyth County Board of Health approved the proposed fee schedule and recommended its approval by the Forsyth County Board of Commissioners;

**NOW, THEREFORE, BE IT RESOLVED** that the Forsyth County Board of Commissioners hereby approves the attached 2017-2018 Proposed Fee Schedule recommended by the Forsyth County Health Director and approved and further recommended by the Forsyth County Department of Public Health, effective July 1, 2017. The 2017-2018 Proposed Fee Schedule is incorporated herein by reference.

Adopted this 10<sup>th</sup> day of April 2017.

**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 March 1, 2017 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 2017-2018 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 1<sup>st</sup> of March 2017.



J. Phil Seats, R.Ph, MBA  
Chairman, Forsyth County Board of Health



Forsyth County  
*Department of Public Health*

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**Promoting Health, Improving Lives**

# 2017-2018 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 2018, effective on July 1, 2017. Forsyth County Department of Public Health will review fees annually and recommend adjustments as needed.

## **Methodology for Setting Fee Schedule**

### **Public Health Main**

#### **#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 other Local Health Departments in the State of NC (Surry, Davie, Guilford, and Person). This allowed us to gauge if we were charging similar fees as other local health departments.

#### **#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 45% (this amount covers indirect costs associated with rendering the service).
2. Product (Vaccine) = Cost plus 45% (this amount covers costs associated with administering product)
3. Product (Family Planning 340B Methods) = Acquisition Cost Only; Per 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.

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

### **Cleveland Avenue Dental Center**

1. Current Medicaid rates were determined for each procedure.
2. Cleveland Avenue proposed fees were set using both the average private practice fee in zip code 27101 and the Medicaid rate for each procedure.
3. A sliding fee scale will be applied to the final fee schedule. The 2017 Federal Poverty Level Guidelines will be used. Depending on household income and the number of individuals living in the household, the fee for uninsured patients will slide from 100% of the proposed fee to 60% of the proposed fee. In very few cases will the fee per procedure fall below the Medicaid rate.

Forsyth County Department of Public Health  
2017-2018 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	\$148.00
11982	Nexplanon removal	\$147.00	\$170.00
11983	Nexplanon removal/re-insertion	\$228.00	\$265.00
36415	Venipuncture (for tests to be performed in-house)	\$4.00	\$6.00
36416	Capillary-Finger/Heel	\$9.00	\$10.00
54050	TCA Tx- Wart 1-2 lesions (M)	\$124.00	\$143.00
56501	TCA Tx- Wart 1-2 lesion (Fe)	\$125.00	\$146.00
58300	IUD Dev- Insertion	\$76.00	\$88.00
58301	IUD Removal	\$94.00	\$109.00
80061	Lipid Panel	\$21.00	\$25.00
81002	Urine Chemstrip	\$4.00	\$5.00
81025	Preg. Test Urine	\$11.00	\$12.00
82040	Albumin	\$8.00	\$9.00
82150	Amylase	\$10.00	\$12.00
82247	Total Bilirubin	\$8.00	\$9.00
82270	Hemocult	\$5.00	\$6.00
82310	Calcium	\$8.00	\$9.50
82465	Total Cholesterol	\$7.00	\$8.00
82565	Creatinine	\$8.00	\$10.00
82947	Glucose	\$6.00	\$7.00
82977	Gamma Glutamyltransferase	\$11.00	\$13.00
84075	Alkaline Phosphatase	\$8.00	\$10.00
84155	Total Protein	\$6.00	\$7.00
84443	Thyroid Panel	\$26.00	\$30.00
84450	Aspartate aminotransferase	\$8.00	\$10.00
84460	Alanine Aminotransferase	\$8.00	\$10.00
84550	Uric Acid	\$7.00	\$8.00
85014	Hematocrit	\$4.00	\$5.00
85018	Hemoglobin (Hgb)	\$4.00	\$5.00

Forsyth County Department of Public Health  
2017-2018 Proposed Fee Schedule

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
85025	CBC	\$12.00	\$14.00
86580	PPD Administration	\$15.00	\$25.00
86592	RPR Qualitative	\$7.00	\$8.00
86593	RPR Quantitative (NEW)		\$16.00
87081	Rectal/Pharyngeal GC culture	\$9.00	\$11.00
87205	Gram Stain	\$7.00	\$8.00
87210	Wet Mount	\$6.00	\$7.00
87491	Chlamydia-Gen-Probe- NAAT-Urogenital	\$39.00	\$45.00
87591	GC-Gen-Probe-NAAT-Urogenital	\$39.00	\$45.00
87661	Trichomonas vaginalis NAAT, amplified probe technique (NEW)		\$8.00
88142	Cytopathology, Cervical/Vaginal, thin layer (PAP) (NEW)		\$37.00
90471	1 vaccine - IM/SQ	\$17.00	\$20.00
90472	for each additional Vaccine IM/SQ	\$17.00	\$20.00
90473	Rotateq w/ inj	\$17.00	\$20.00
90474	Rotateq only	\$17.00	\$20.00
90632	Hep A Adult	\$55.00	\$49.00
90633	Hep A Ped	\$27.00	\$30.00
90636	Hep AB (Twinrix)	\$112.00	\$93.00
90647	Pedvax Hib (NEW)		\$37.00
90648	ActHib (PRP-T)	\$26.00	\$22.00
90651	Gardasil 9	\$214.00	\$268.00
90670	Pneumococcal Conjugate (PCV13)	\$199.00	\$245.00
90700	DTaP	\$28.00	\$30.00
90707	MMR	\$78.00	\$94.00
90713	IPV	\$36.00	\$43.00
90714	Td Adult	\$37.00	\$47.00
90715	Tdap	\$49.00	\$47.00
90716	Varicella	\$134.00	\$166.00
90732	Pneumonia (PPV23)	\$100.00	\$126.00
90734	Menactra	\$134.00	\$158.00
90736	Zostavax	\$246.00	\$324.00
90744	Hep B Ped	\$20.00	\$30.00
90746	Hep B Adult	\$69.00	\$49.00
92551	Audiometer Hearing Screening	\$10.00	\$12.00
92558	OAE Hearing Screen	\$10.00	\$12.00
96110	Developmental Screening	\$11.00	\$13.00
96127	Brief Emotional/Behaviorial Assessment (NEW)		\$7.00
99173	Vision Screening	\$10.00	\$12.00
99201	Brief	\$78.00	\$90.00
99203	Expanded	\$166.00	\$192.00
99204	Detailed	\$243.00	\$282.00
99205	Comprehensive	\$305.00	\$354.00



Forsyth County Department of Public Health  
2017-2018 Proposed Fee Schedule

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
99211	Brief	\$43.00	\$50.00
99212	Problem	\$71.00	\$83.00
99213	Expanded	\$98.00	\$114.00
99214	Detailed	\$153.00	\$177.00
99215	Comprehensive	\$228.00	\$264.00
99381	Age: 0-1	\$113.00	\$131.00
99382	Age: 1-4 (EP)	\$113.00	\$131.00
99383	Age: 5- 11 (FP)	\$193.00	\$223.00
99383	Age: 5-11 (EP)	\$113.00	\$131.00
99384	Age: 12- 17 (FP)	\$211.00	\$245.00
99384	Age: 12-17 (EP)	\$113.00	\$131.00
99385	Age: 18- 39 (FP)	\$209.00	\$242.00
99385	Age: 18-39 (EP)	\$113.00	\$131.00
99386	Age: 40- 64	\$249.00	\$289.00
99391	Age: 0-1	\$113.00	\$131.00
99392	Age: 1-4	\$113.00	\$131.00
99393	Age: 5- 11 (FP)	\$183.00	\$212.00
99393	Age: 5-11 (EP)	\$113.00	\$131.00
99394	Age: 12- 17 (FP)	\$183.00	\$212.00
99394	Age: 12-17 (EP)	\$113.00	\$131.00
99395	Age: 18- 39 (FP)	\$178.00	\$206.00
99395	Age: 18-39 (EP)	\$113.00	\$131.00
99396	Age: 40- 64 (FP)	\$198.00	\$229.00
99406	Smoking/Tobacco Cessation	\$15.00	\$17.00
99408	Substance Abuse Scrn. 15 min. intervention	\$39.00	\$45.00
96160	M-Chat	\$10.00	\$12.00
96161	Maternal Depression Screening (NEW)		\$12.00
86703QW	Rapid HIV- Oraquick	\$19.00	\$28.00
J1050	Depo-Provera (150mg)	\$25.81	\$27.84
J7300	IUD Device- Paragard	\$225.03	\$247.83
J7298	IUD Device- Mirena	\$207.72	\$235.00
J7297	IUD Device - Liletta	\$47.00	\$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
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	\$27.00
T1002	TB Nurse Visit: (Time Units:per 15 minutes)	\$23.00	\$27.00

Forsyth County Department of Public Health  
2017-2018 Proposed Fee Schedule

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
	<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
	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

Forsyth County Department of Public Health  
2017-2018 Proposed Fee Schedule

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
	SAP Seafood Mkt Annual Permit Fee	\$0.00	\$0.00
	TFE Temporary Food Establishment Fee	\$75.00	\$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	\$100 - (instructor +4 students); \$26.00 each for each additional student and/or instructor
	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
CDT	<a href="#"><u>CLEVELAND AVENUE DENTAL CLINIC</u></a>		
D0120	Periodic Exam	\$44.00	\$45.00
D0140	Limited Oral Eval	\$62.00	\$65.00
D0145	Comp Oral Eval >3	\$61.00	\$60.00
D0150	Comp Oral Eval	\$75.00	\$75.00
D0210	FMX	\$118.00	\$120.00
D0220	First PA	\$25.00	\$25.00
D0230	Additional PA	\$20.00	\$20.00
D0240	Occlusal Film	\$27.00	\$30.00
D0270	Single Bitewing	\$20.00	\$20.00
D0272	Bitewing - 2 films	\$31.00	\$30.00
D0273	Bitewing - 3 films	\$42.00	\$45.00
D0274	Bitewing - 4 films	\$53.00	\$55.00
D0330	Film/Panoramic	\$98.00	\$100.00
D1110	Prophy - Adult	\$65.00	\$65.00
D1120	Prohy - Child	\$50.00	\$50.00
D1204	Fluoride Topical - Adult	\$26.00	\$25.00
D1206	Fluoride Topical - Child	\$26.00	\$25.00
D1351	Sealant per Tooth	\$48.00	\$50.00
D1510	Space Maint. Fixed Unilateral	\$319.00	\$320.00
D1515	Space Maint. Fixed Bilateral	\$450.00	\$450.00

Forsyth County Department of Public Health  
2017-2018 Proposed Fee Schedule

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
D1550	Space Maint. Recement	\$55.00	\$55.00
D2140	Amalgam - 1 surface	\$108.00	\$110.00
D2150	Amalgam - 2 surface	\$138.00	\$140.00
D2160	Amalgam - 3 surface	\$158.00	\$160.00
D2161	Amalgam - 4 surface	\$176.00	\$180.00
D2330	Comp Anterior - 1 surface	\$110.00	\$110.00
D2331	Comp Anterior - 2 surface	\$136.00	\$140.00
D2332	Comp Anterior - 3 surface	\$162.00	\$165.00
D2335	Comp Anterior - 4 surface	\$205.00	\$205.00
D2391	Comp Posterior - 1 surface	\$134.00	\$135.00
D2392	Comp Posterior - 2 surface	\$198.00	\$200.00
D2393	Comp Posterior - 3 surface	\$242.00	\$245.00
D2394	Comp Posterior - 4 surface	\$292.00	\$290.00
D2750	PFM Crown	\$760.00	\$800.00
D2790	Gold Crown (Cast)	\$760.00	\$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	\$136.00	\$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	\$988.00	\$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
D5226	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

Forsyth County Department of Public Health  
2017-2018 Proposed Fee Schedule

CODE	SERVICE	CURRENT FEE	PROPOSED FEE
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 remnants	\$120.00	\$120.00
D7140	Extraction-simple	\$120.00	\$130.00
D7210	Extraction-Surgical	\$200.00	\$200.00
D7220	Extraction-Impacted	\$240.00	\$240.00
D9100	Emergency Palliative Tx	\$75.00	\$75.00
D9230	Nitrous	\$72.00	\$75.00
D9940	Occlusal Guard	\$360.00	\$360.00
D9941	Night Guard	\$200.00	\$200.00
	\$3 Medicaid co-pay Adults ≥ 21		