HAYWOOD COUNTY
BOARD OF COMMISSIONERS

AGENDA REQUEST

Must be presented to the County Manager's Office
NO LATER THAN 5 P.M. FRIDAY THE WEEK BEFORE THE MEETING

DATE OF REQUEST: November 25, 2015

FROM: Amy Stevens, Administrative Assistant III, HCHHSA on behalf of Patrick H. Johnson, Interim Health Director

MEETING DATE REQUESTED: **December 7, 2015**
Regular meetings: First (1st) Monday of the month at 9:00 am
Third (3rd) Monday of the month at 5:30 pm

SUBJECT: **Public Health proposed fee changes**

REQUEST:

1. **Approval of fee increase from $156 to $219.50 for Prevnar immunizations (pneumonia shot).**

2. **Approval of new service fee in Dental to provide resin-based partial dentures. Medicaid reimbursement rate would be $412 and the full-pay fee would be $840.**

BACKGROUND:
(Research and justification of proposal and need; Alternatives evaluated; Legal Basis: Outcome-What will be achieved and how will it be measured?)

1. **HCHHSA is seeking to increase fees for Prevnar pneumonia immunizations based on the cost for the vaccine. The total cost to deliver the vaccine is $219.50; we currently charge $156.00. Increasing the fee to $219.50 will cover the additional vaccine cost of $63.50.**
2. **The addition of fees for resin-based partial dentures (Medicaid reimbursement $412/full-pay $840, which reflects 80% of the usual and customary fees in the region) are requested in an effort to meet community need for a service that is not currently being offered but could be provided by the Public Health Dental Clinic.**

The proposed fees for resin-based partial dentures and the proposed fee increase for Prevnar were approved by the Haywood County Health and Human Services Agency Board on November 17, 2015 to go before the Board of County Commissioners for approval.

IMPLEMENTATION PLAN:

Fiscal Year 2015-16, upon the date of approval.

FINANCIAL IMPACT STATEMENT: (What is the cost? Where is the money coming from? Optional or mandated?)

Approval of Prevnar fee increase would allow necessary changes to our fees and increase revenue through billing. Addition of denture fees would allow our Dental Clinic to provide a needed service to the community.

SUPPORTING ATTACHMENTS: YES __X___ NO _____ HOW MANY? __1 pdf ___
LIST: **Dental Clinic Fees List**

PowerPoint Presentation: YES _____ NO ___X_____

PERSON MAKING PRESENTATION AT MEETING: **Patrick H. Johnson**
TITLE: **Interim Public Health Services Division Director**
PHONE #: **452-6675 ext. 2244**
E-MAIL: phjohnson@haywoodnc.net

THIS SECTION FOR OFFICE USE ONLY

Received (Date/Time): _____

County Manager / Clerk to the Board Comments: _____

In an effort to save paper, attachments should be copied on both front and back sides.

HAYWOOD COUNTY HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES DIVISION DENTAL CLINIC

Name _____ DOB: _____ _____ Private Pay

Address _____ DOS: _____ _____ Medicaid

Phone#: _____ PATIENT IS #: _____ _____ Health Choice

ADA CODE	PROCEDURE	Medicaid		ADA CODE	PROCEDURE	Medicaid	
D0120	Periodic Oral Exam	26		D4355	Full Mouth Debridement	68	
D0140	Limited Emergency Exam	37		D4341 *	* Periodontal scaling and root planning *	101	
D0145	Oral evaluation-(<3yrs. w/D1206)	36		D4342 *	* Periodontal scaling and root planning *	59	
D0150	Initial Exam	45		D5110 *	* Denture (Maxillary) *	585	
D0170	Re-evaluaton-(established patient)	29		D5120 *	* Denture (Mandibular) *	585	
D9430	Office Visit	5		D5213 *	* Partial Denture (Maxillary) *	627	
D0210	Complete Intraoral w/BW	72		D5214 *	* Partial Denture (Mandibular) *	627	
D0270	BW x 1 film	12		D5410	Adjust complete denture-(Maxillary)	32	
D0272	BW x 2 film	19		D5411	Adjust complete denture-(Mandibular)	32	
D0274	BW x 4 film	33		D5421	Adjust partial denture-(Maxillary)	32	
D0220	1st intraoral PA	15		D5422	Adjust partial denture-(Mandibular)	32	
D0230	Additional PA	13		D5610	Repair resin denture base	78	
D0240	Occlusal film	16		D5640	Repair Broken Tooth (denture)	66	
D0330	Panoramic film	60		D5650	Add tooth to existing partial denture	80	
D1110	Prophy-(13/adult)-(14 up HC)	39		D5660	Add clasp to existing partial denture	120	
D1120	Prophy-(child <13) – (6-13 HC)	28		D5750 *	*Reline complete denture (maxillary)lab*	173	
D1203	Application of fluoride (child <13)	17		D5751 *	*Reline complete denture(mandibular)lab*	173	
D1204	Application fluoride (adult 13-20) (14>HC)	17		D5760 *	*Reline partial denture (maxillary)lab*	169	
D1206	Topical Fluoride varnish (<21)	16		D5761 *	*Reline partial denture (mandibular)lab*	169	
D1351	Sealant (<21)	29		D5820	Flipper/Interim partial	250	
D1510	Space Maintainer (B & L)	191		D7140	Extraction-erupted tooth/root tips	64	
D1515	Space Maintainer (Bilateral)	268		D7210	Extraction-surgical	110	
D2140	Amalgam-one surface	72		D7220	Extraction-Tissue impacted	125	
D2150	Amalgam-two surfaces	90		D7230	Extraction-Partially bony	166	
D2160	Amalgam-three surfaces	105		D7240	Extraction-Completely bony	194	
D2161	Amalgam-four surfaces	115		D7241	Extraction-unusual complications	233	
D2330	Resin-1 surface anterior	66		D7280	Surgical access of unerupted root	191	
D2331	Resin-2 surface anterior	82		D7310	Alveo w/Ext	103	
D2332	Resin-3 surface anterior	97		D7320 *	* Alveo w/o Ext *	151	
D2335	Resin-4 surface anterior	122		**D5211 ***	***Maxillary partial denture-resin base***	412	
D2391	Resin-one surface posterior	76		**D5212 ***	***Mandibular partial denture- resin base***	412	
D2392	Resin-two surface posterior	101		D7472	Removal of torus palatinus	262	
D2393	Resin-three surface posterior	123		D7473	Removal of torus mandibularis	261	
D2394	Resin-fourth surface posterior	149		D7510	I & D Minor Surgery	111	
D2930	SSC primary	145		D7963*	* Frenuloplasty *	270	
D2931	SSC permanent	156		D7971	Gingivectomy	153	
D2940	Sedative filling	40		D8220	Fixed appliance/habit (not Medicaid)	150	
D2950	Post-core	99		D9110	Palliative treatment-Emergency	43	
D3220	Pulpotomy	82		D9940	Occlusal Guard (not Medicaid)	150	
D3310	Root Canal (1 canal)	284		D9230	Nitrous Oxide (NO2)	43	
D3320	Root canal therapy (bicuspid)	336		D9911	Application /Densensitizing resin	5	
D3330	Root Canal (Molar)	410		**D2751**	PFM	500	
D4910	Periodontal maintenance	50		**D2791**	Gold	500	

FAMILY SIZE	FAMILY INCOME	% PAY	PREVIOUS BALANCE	CHARGES	PAID	PAYMENT METHOD	BALANCE DUE
						☐CASH ☐CHECK	

EXTRACTION PROPHY RE-EVALUATION OP Rev. 11/4/15

DENTIST Time _____ HYGIENIST Time _____

PROVIDER SIGNATURES: 1._____ 2._____

* must have prior approval

HAYWOOD COUNTY HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES DIVISION DENTAL CLINIC

Name _____ DOB: _____ _____ Private Pay

Address _____ DOS: _____ _____ Medicaid

Phone#: _____ M & M #: _____ _____ Health Choice

ADA CODE	PROCEDURE	80%	Full	ADA CODE	PROCEDURE	80%	Full
D0120	Periodic Oral Exam	36	45	D4355	Full Mouth Debridement	134	167
D0140	Limited Emergency Exam	55	69	D4341 *	* Periodontal scaling and root planning *	184	230
D0145	Oral evaluation-(<3yrs. w/D1206)	50	62	D4342 *	* Periodontal scaling and root planning *	133	166
D0150	Initial Exam	64	80	D5110 *	* Denture (Maxillary) *	1251	1564
D0170	Re-evaluaton-(established patient)	52	65	D5120 *	* Denture (Mandibular) *	1251	1564
D9430	Office Visit	56	70	D5213 *	* Partial Denture (Maxillary) *	1294	1617
D0210	Complete Intraoral w/BW	95	119	D5214 *	* Partial Denture (Mandibular) *	1303	1629
D0270	BW x 1 film	21	26	D5410	Adjust complete denture-(Maxillary)	66	82
D0272	BW x 2 film	33	41	D5411	Adjust complete denture-(Mandibular)	66	82
D0274	BW x 4 film	46	58	D5421	Adjust partial denture-(Maxillary)	66	82
D0220	1st intraoral PA	21	26	D5422	Adjust partial denture-(Mandibular)	66	82
D0230	Additional PA	18	23	D5610	Repair resin denture base	149	186
D0240	Occlusal film	30	38	D5640	Repair Broken Tooth (denture)	134	168
D0330	Panoramic film	80	100	D5650	Add tooth to existing partial denture	164	205
D1110	Prophy-(13/adult)-(14 up HC)	66	82	D5660	Add clasp to existing partial denture	198	247
D1120	Prophy-(child <13) – (6-13 HC)	49	61	D5750 *	*Reline complete denture (maxillary)lab*	346	433
D1203	Application of fluoride (child <13)	26	33	D5751 *	*Reline complete denture(mandibular)lab*	347	434
D1204	Application fluoride (adult 13-20) (14>HC)	26	33	D5760 *	*Reline partial denture (maxillary)lab*	338	422
D1206	Topical Fluoride varnish (<21)	32	40	D5761 *	*Reline partial denture (mandibular)lab*	338	422
D1351	Sealant (<21)	39	49	D5820	Flipper/Interim partial	496	620
D1510	Space Maintainer (B & L)	229	286	D7140	Extraction-erupted tooth/root tips	129	161
D1515	Space Maintainer (Bilateral)	313	391	D7210	Extraction-surgical	202	252
D2140	Amalgam-one surface	103	129	D7220	Extraction-Tissue impacted	226	283
D2150	Amalgam-two surfaces	130	163	D7230	Extraction-Partially bony	286	357
D2160	Amalgam-three surfaces	158	197	D7240	Extraction-Completely bony	348	435
D2161	Amalgam-four surfaces	188	235	D7241	Extraction-unusual complications	414	518
D2330	Resin-1 surface anterior	118	147	D7280	Surgical access of unerupted root	347	434
D2331	Resin-2 surface anterior	146	182	D7310	Alveo w/Ext	215	269
D2332	Resin-3 surface anterior	181	226	D7320 *	* Alveo w/o Ext *	322	402
D2335	Resin-4 surface anterior	230	287	D5211 *	*Maxillary partial denture-resin base*	840	1050
D2391	Resin-one surface posterior	130	162	D5212 *	*Mandibular partial denture-resin base*	840	1050
D2392	Resin-two surface posterior	169	211	D7472	Removal of torus palatinus	622	777
D2393	Resin-three surface posterior	208	260	D7473	Removal of torus mandibularis	560	700
D2394	Resin-fourth surface posterior	250	313	D7510	I & D Minor Surgery	173	216
D2930	SSC primary	197	246	D7963*	* Frenuloplasty *	365	456
D2931	SSC permanent	237	296	D7971	Gingivectomy	193	241
D2940	Sedative filling	90	112	D8220	Fixed appliance/habit (not Medicaid)	717	896
D2950	Post-core	198	248	D9110	Palliative treatment-Emergency	92	115
D3220	Pulpotomy	146	182	D9940	Occlusal Guard (not Medicaid)	438	547
D3310	Root Canal (1 canal)	538	673	D9230	Nitrous Oxide (NO2)	58	72
D3320	Root canal therapy (bicuspid)	621	776	D9911	Application /Densensitizing resin	58	72
D3330	Root Canal (Molar)	751	939	D2751	PFM	757	946
D4910	Periodontal maintenance	100	125	D2791	Gold	730	912

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