

28 May 2013

**NOTICE OF PROPOSED RULEMAKING**  
**Schedule of Fees for Laboratory Services**  
**Revisions to Regulation Chapter 290-5-36**

Please take note that the Department of Public Health proposes to repeal the administrative regulation currently codified as Chapter 290-5-36, and replace it with the attached language to be codified at Chapter 511-1-2, pursuant to its authority under O.C.G.A. Sections 31-2A-4(12) and 31-2A-6. The proposed revised regulation is attached. This proposed rule also may be found on our website at <http://health.state.ga.us/>.

These regulations govern the fees to be charged for services provided by the Department's public health laboratories.

Interested persons may submit comments on these proposed revisions in writing addressed to:

Sidney R. Barrett, Jr.  
General Counsel  
Georgia Department of Public Health  
2 Peachtree Street, NW, 15<sup>th</sup> Floor  
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Comment may also be presented in person at a public meeting scheduled for 1:30 p.m., 27 June 2013, in room 15-460 at 2 Peachtree Street, NW, 15<sup>th</sup> Floor, Atlanta GA.



Sidney R. Barrett, Jr.  
General Counsel

RULES OF THE DEPARTMENT OF PUBLIC HEALTH  
CHAPTER 511-1-2

**Schedule of Fees for Laboratory Services**

**511-1-2-.01 Fees For Laboratory Services**

- (1)** The Department shall charge a fee for laboratory services according to the schedule in the attached Table.
  
- (2)** The fees in the attached Table may be changed by direction of the Commissioner of Public Health as necessary to ensure that the fee reflects the actual cost to the Department, both direct and indirect, of providing the laboratory service. Tests listed in the Table may be discontinued or replaced by direction of the Commissioner of Public Health as may become necessary due to changes in technology, demand for services, or fiscal constraints.
  
- (3)** The individual who requests the laboratory services, or for whom the laboratory services are performed, shall be responsible for payment.

Authority: O.C.G.A. Sections 31-2A-4(12), 31-2A-6.

MLAB CODE	TEST NAME	GPHL Price
<b>BLOOD LEAD</b>		
W4050 (Waycross)	Blood Lead	\$ 10.00
<b>BACTERIOLOGY</b>		
<b>Enteric isolates</b>		
1100	Campylobacter	\$ 16.00
1070	STEC	\$ 13.75
1110	Salmonella	\$ 13.75
1080	Shigella test	\$ 13.75
1160	Yersinia	\$ 13.75
1120	Stool Culture – Preserved	\$ 30.50
1140	Stool Culture - Fresh	\$ 30.50
1030	Group A Streptococcus	\$ 35.25
1130	Special Bacteriology	\$ 13.75
<b>Respiratory Isolates</b>		
1040	Pertussis Direct Fluorescent Antibody DFA	\$ 98.00
1050	Pertussis Culture	\$ 15.08
<b>Gonorrhea and Chlamydia</b>		
1010	Gonorrhea Culture	\$ 8.00
1060 (Decatur, W10000 (Waycross)	Nucleic Acid Amplification Test (only Chlamydia covered)	\$ 24.67
<b>Environmental</b>		
1180	Environmental- Food	\$ 8.75
<b>IMMUNOLOGY</b>		
<b>Routine Syphilis</b>		
1610 (Decatur, W2000 (Waycross)	Syphilis - Decatur	\$ 2.00
1630	VDRL (spinal fluid)	\$ 2.00
1640	TPPA	\$ 5.75
<b>Special RPR Testing Request</b>		

1615	Quantitative (Titer) and Confirmatory	\$ 6.50
<b>Arbovirus/WNV panel</b>		
1595	Arbo IgG Panel	\$ 132.25
1600	Arbovirus IFA-IgM	\$ 132.25
1580	West Nile Virus IgG (WNV IgG)	\$ 140.00
1585	West Nile Virus IgM (WNV IgM)	\$ 140.00
1590	WNV IgM (CSF)	\$ 140.00
<b>Hepatitis Testing</b>		
1411	Hep B (Prenatal)	\$ 13.50
1410	Hep B (Routine)	\$ 13.50
1400	Anti-HAV Total Antibody	\$ 15.58
1400	Anti-HAV Total Antibody	\$ 14.16
1405	Anti-HAV-IgM	\$ 15.58
1405	Anti-HAV-IgM	\$ 14.16
1480	Anti-HCV	\$ 10.00
1490	HCV Viral Load	\$ 50.75
<b>Miscellaneous Serology</b>		
1530	Toxoplasmosis IgG	\$ 14.63
1510	Rubella IgG	\$ 14.63
1515	Rubella IgM	\$ 14.63
1545	CMV IgG	\$ 14.63
1560	HSV 1	\$ 25.25
1525	Rubeola IgM	\$ 26.00
1555	Mumps	\$ 16.41
1540	Varicella Zoster	\$ 16.20
14001	Torch Panel (CMV, HSV1, HSV2, Rubella, and Toxoplasmosis)	\$ 38.75
<b>MYCOBACTERIOLOGY</b>		
<b>Clinical Specimens</b>		

30100	Microscopic exam for AFB only	\$ 14.00
30000	Smear, culture & susceptibility testing	\$ 39.50
30800	Nucleic Acid Amplification Testing (NAAT)	\$ 105.75
<b>AFB Isolates</b>		
34000	Identification	\$ 36.93
33950	Susceptibility testing (MTB only)	\$ 37.83
<b>PARASITOLOGY</b>		
2400 (Decatur), W50100 (Waycross)	Cryptosporidium	\$ 12.00
2500 (Decatur), W50100 (Waycross)	Cyclospora	\$ 25.75
2100 (Decatur), W50000 (Waycross)	Formalin Fe	\$ 14.00
2300 (Decatur), W50200 (Waycross)	PVA Feces	\$ 22.60
2200 (Decatur), W50300 (Waycross)	Pinworm	\$ 39.75
2150	PCR	\$ 141.50
2710	Tissue/tissue smear for parasites	\$ 92.95
2700	Whole blood/blood smear for parasites - Malaria	\$ 11.00
2710	Whole blood/blood smear for parasites - Filaria	\$ 11.00
2800	Worm Identification or Miscellaneous identification	\$ 47.50
<b>VIROLOGY</b>		
<b>HIV</b>		
1350	HIV-1, HIV-2, and plus O EIA	\$ 3.75
1360	HIV-1 Ab WB	\$ 50.75
1340	HIV-1 Viral Load	\$ 50.89
<b>Viral Culture</b>		
62050	CMV Culture/IFA	\$ 48.50
62040	Measles Culture/IFA	\$ 48.50
60000	Mumps Culture/IFA	\$ 48.50

1385	Enterovirus Culture / IFA	\$ 48.50
1330	Herpes Culture / ELVIS	\$ 38.04
62000	HZV Culture / IFA	\$ 48.50
6100	Respiratory Panel / IFA	\$ 292.25
1375	Influenza Culture / IFA	\$ 48.50
60040	Viral Culture Testing	\$ 48.50
<b>Gastrointestinal Outbreak Investigation Viral Culture</b>		
60030	Rotavirus EIA	\$ 40.75
<b>RABIES</b>		
1300 (Decatur), W60000 (Waycross)	Rabies	\$ 145.13