

Issue Brief – Fees (Executive Director’s Operations)

NUMBER HHS-05-12

Fees for Medical Examiner:	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Autopsy					
Non-Jurisdictional Case (plus cost of body transportation)	2,000.00	2,000.00		5	
External Examination, Non-Jurisdictional Case (plus transportation)	500.00	500.00		4	
Use of Office of Medical Examiner facilities and assistants for autopsies	500.00	500.00		3	
Use of Office of Medical Examiner facilities and assistants for external exams	300.00	300.00		3	
Reports					
First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge					
All other requestors and additional copies	25.00	25.00		123	
Miscellaneous case papers					
First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge					
All other requestors and additional copies	35.00	35.00		52	
Court					
Preparation, consultation, and appearance on OME Civil cases.					
Portal to portal expenses including travel costs and waiting time, per hour	250.00	<u>300.00</u>	50.00	15	750
Consultation as Medical Examiner on non-OME cases.					
Portal to portal expenses including travel costs and waiting time, per hour	250.00	<u>300.00</u>	50.00	7	350
Photographic and Video Services					
Color negatives from slides, plus cost of film	2.00	2.00		27	
Slide Duplication, plus cost of film	3.00	3.00		400	
Each Video Tape	75.00	75.00		2	
Black and White 8 x 10	7.00	7.00			
Black and White 5 x 7	3.50	3.50			
Overlays	25.00	25.00			
Glass Slides	6.00	6.00		106	
X-rays	6.00	6.00		10	
Use of Tissue Harvest Room					
Skin Graft	120.75	120.75		132	
Bone	241.50	241.50		150	
Heart Valve	63.00	63.00		8	
Eye	31.50	31.50		153	
Saphenous vein acquisition	63.00	63.00		4	
Body Storage					
Daily charge for use of OME Storage Facilities 24 hours after notification that body is ready for release.	30.00	30.00		3	
Biological samples requests					
<u>Handling and storage of requested samples by outside sources.</u>		<u>25.00</u>	25.00	7	175
Fees for Center for Health Data:					
Public Use Data Sets - Single Year License Fee for Public Agencies and Non-Profit Organizations					
Inpatient, Ambulatory Surgery, and Emergency Department Encounter					
File I - for the latest year only	1,575.00	1,575.00		5	
File III - for the latest year only	250.00	250.00		1	
Public Use Tapes - Multi-Year License Fee - Existing User					
Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use					
File I - multiple year data set (3 years prior to current year)	1,500.00	1,500.00		4	
File III - multiple year data set (3 years prior to current year)	250.00	250.00		1	
Public Use Secondary Release License, Files I per year					
First year (5 copies)	375.00	375.00		2	
Annual renewal fee (5 copies)	375.00	375.00			
Additional copies (in excess of 5)	50.00	50.00			
Public Use Data Set - Single Year License Fee for Private Sector Agencies Organizations					
Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use					
File I - for the latest year only	3,150.00	3,150.00		10	
File III - for one year only	1,050.00	1,050.00		1	
Public Use Data Set, Multi Year License Fee for Private Sector Agencies - Existing User					
Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use					
File I - multiple year data set (3 years prior to current year)	3,000.00	3,000.00		3	
File III - multiple year data set (3 years prior to current year)	1,000.00	1,000.00		1	
Public Use Data Set - Single Year License Fee for Data Suppliers					
Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use					
File I - for the latest year only					
Large System/Corp. (>35,000 discharges per year)	3,150.00	3,150.00		7	
Large Single Hospital or Multi. Hosp. (5,000-35,000 discharges per year)	1,575.00	1,575.00		1	

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Small or Medium Single Hospital (<5,000 discharges per year)	525.00	525.00		1	
Private Sector Secondary Release License, File I - III, per year					
First Year (5 copies)	1,050.00	1,050.00		4	
Annual renewal fee (5 copies)	525.00	525.00			
Additional copies (in excess of 5)	50.00	50.00			
Financial Database	50.00	50.00		2	
Research Data Set License Fee					
Inpatient, Ambulatory Surgery, and Emergency Department					
Encounter Research Data Set					
Latest Year	3,150.00	3,150.00		3	
Three years prior	1,570.00	1,570.00			
Research Data Set Secondary Release License Fee					
Inpatient data set for the latest year	1,500.00	1,500.00		1	
Ambulatory surgery data set for the latest year	750.00	750.00		1	
Emergency Department encounter data set for the last year	750.00	750.00		1	
Multi-Year HEDIS Data Set License Fee					
Public, Educational, Non-profit Research Organizations					
File I - Latest Year (per data set)	1,050.00	1,050.00		1	
File II - Previous Year (per data set)	750.00	750.00			
File III - Any Earlier Years (per data set)	500.00	500.00			
Private Sector Agencies					
File I - Latest Year (per data set)	1,575.00	1,575.00		1	
File II - Previous Year (per data set)	1,250.00	1,250.00			
File III - Any Earlier Years (per data set)	1,000.00	1,000.00			
HMO Enrollee Satisfaction Survey Data Set License Fee					
Public, Educational, Non-profit Research Organizations					
File I - Latest Year (per data set)	1,050.00	1,050.00		1	
File II - Previous Year (per data set)	750.00	750.00			
File III - Any Earlier Years (per data set)	500.00	500.00			
Private Sector Agencies					
File I - Latest Year (per data set)	1,575.00	1,575.00		1	
File II - Previous Year (per data set)	1,250.00	1,250.00			
File III - Any Earlier Years (per data set)	1,000.00	1,000.00			
Data Suppliers (contributing HMOs)					
File I - Latest Year (per data set)	420.00	420.00		1	
File II - Previous Year (per data set)	300.00	300.00			
File III - Any Earlier Years (per data set)	200.00	200.00			
Data Suppliers (Non-contributing HMOs)					
File I - Latest Year (per data set)	840.00	840.00		1	
File II - Previous Year (per data set)	600.00	600.00			
File III - Any Earlier Years (per data set)	400.00	400.00			
POD Internet Module Licensing Fee					
Patient Origin Destination (POD) Inpatient Query System - Users License					
First User	315.00	315.00		5	
Additional User	50.00	50.00		5	
Fee for Data Suppliers Purchase					
Hard Copy Reports Miscellaneous	10.00	10.00			
Standard Report 1 - Inpatient, Emergency	50.00	50.00			
Standard Report 1 - Ambulatory Surgery	50.00	50.00			
Hospital Financial Report	50.00	50.00			
Special Reports	15.00	15.00			
Special Data Request, per hour, (\$70 minimum)	55.00	55.00		70	
Other Fees					
Data Management Fees for Reprocessing - Data Errors - To cover costs of processing resubmissions of data with system errors (may be waived as incentive for timely resubmission)	39.90	39.90			
Birth Certificate					
Initial Copy	15.00	15.00		53,000	
Additional Copies	8.00	8.00		19,000	
Stillbirth	12.00	12.00		30	
Affidavit	20.00	20.00		760	
Heritage Birth Certificate	22.00	22.00		215	
Adoption	40.00	40.00		1,750	
Expedite Fee	10.00	10.00		5,750	
Death Certificate					
Initial Copy	13.00	13.00		4,500	
Additional Copies	8.00	8.00		4,700	
Burial Transit Permit	5.00	5.00		170	
Paternity Search, per hour (1 hour minimum)	9.00	9.00		1,050	
Delayed Registration	40.00	40.00		150	
Marriage and Divorce Abstracts	9.00	9.00		1,500	
Legitimation	40.00	40.00		30	
Adoption Registry	25.00	25.00		90	
Death Research, per hour (1 hour minimum)	9.00	9.00		40	
Court Order Name Changes	20.00	20.00		200	

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Court Order Paternity	40.00	40.00		81	
On-line Access to Computerized Vital Records, per month	10.00	10.00		4,601	
Ad-hoc Statistical Requests, per hour	35.00	35.00		110	
Utah Statewide Immunization Information System (USIIS)					
Non-financial Contributing Partners					
Match on Immunization Records in Database, per record	12.00	12.00			
File Format Conversion, per hour	30.00	30.00			
Financial Contributing Partners					
Match on Immunization Records in Database, per record	12.00	12.00			
If the partner's financial contribution is more than or equal to the number of records to be matched multiplied by \$12.00, then the partner shall not have to pay the fee.					

Issue Brief – Fees (Health Systems Improvement)

NUMBER HHS-05-13

Fees for Emergency Medical Services:	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Registration, Certification and Testing					
Certification Fee					
Initial EMT-Basic	30.00	30.00		2,500	
All other certifications	10.00	10.00		800	
Recertification Fee	10.00	10.00		1,000	
Lapsed Certification Fee	15.00	15.00		100	
Registration, Certification and Testing					
Written Test Fee					
Basic EMT Certification Written Test/Re-test Fee	15.00	15.00		2,300	
All other written tests, re-tests	15.00	15.00		18,000	
Practical Test Fees					
EMT					
Basic Certification Practical Test	60.00	60.00		2,300	
Basic Certification Practical Re-Test (per station)	30.00	30.00		400	
Basic Recertification Practical Test	120.00	120.00		5	
Basic Reciprocity Practical Test	120.00	120.00		60	
Basic Recert/Recip Practical Re-Test, Medical Scenario	35.00	35.00		10	
Basic Recert/Recip Practical Re-Test, Trauma Scenario	50.00	50.00		6	
Intermediate Practical Test Fee	60.00	60.00			
Intermediate Practical Re-test Fee per station	30.00	30.00			
Intermediate Advanced Practical Test Fee	70.00	70.00		40	
Intermediate Advanced Practical Retest per station	35.00	35.00		10	
Paramedic Practical Test	105.00	105.00		100	
Paramedic Practical retest per station	35.00	35.00		50	
The fees listed above apply to the following certification levels:					
Emergency Medical Technician (EMT) - Basic,					
Emergency Medical Technician Intermediate,					
Emergency Medical Technician Intermediate Advanced,					
Emergency Medical Technician Paramedic,					
Emergency Medical Technician Instructor,					
Emergency Medical Dispatcher (EMD),					
Emergency Medical Dispatcher Instructor					
Annual Quality Assurance Review Fee, per vehicle					
Ground Ambulance, Basic	75.00	75.00		44	
Ground Ambulance, Intermediate	100.00	100.00		148	
Interfacility Transfer Ambulance, Basic	75.00	75.00			
Interfacility Transfer Ambulance, Intermediate	100.00	100.00			
Paramedic Rescue	125.00	125.00		22	
Paramedic Tactical Response	125.00	125.00		2	
Paramedic Ambulance	125.00	125.00		23	
Paramedic Interfacility Transfer Service	125.00	125.00		5	
Fleet fee (agency with 20 or more vehicles)	2,500.00	2,500.00		3	
Quick Response Unit, Basic	50.00	50.00		52	
Quick Response Unit, Intermediate	50.00	50.00		2	
Advanced Air Ambulance	100.00	100.00		16	
Specialized Air Ambulance	125.00	125.00		9	
Emergency Medical Dispatch Center, per center	50.00	50.00		36	
Resource Hospital, per hospital	50.00	50.00		30	
Out of State Air Ambulance	150.00	150.00		2	
Quality Assurance Application Reviews					
Original Ground Ambulance/Paramedic License Negotiated	500.00	500.00		4	
Original Ambulance/Paramedic License Contested - up to actual cost					
Original Designation	100.00	100.00		5	
Renewal Ambulance/Paramedic/Air License	100.00	100.00		5	
Renewal Designation	100.00	100.00		5	
Upgrade in Ambulance Service Level	100.00	100.00		5	
Original Air Ambulance License	500.00	500.00		1	
Original Air Ambulance License with CAMTS Certification	200.00	200.00		2	
Change in ownership/operator, non-contested	500.00	500.00		3	
Change in ownership/operator, contested	actual cost	actual cost		1	
Change in geographic service area, non-contested	500.00	500.00		4	
Change in geographic service area, contested	actual cost	actual cost		2	
Voluntary Trauma Center Designation - Level I, II, III, IV, and V					
Quality Assurance Application Review	500.00	500.00			
Quality Assurance Application Pre-Designation Review	500.00	500.00			
Site Team Verification/Quality Assurance Review	1,000.00	1,000.00			
Annual Verification/Quality Assurance Review	100.00	100.00			

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Course Quality Assurance Review Fee					
Basic EMT Course	100.00	100.00		100	
Paramedic Course	100.00	100.00		5	
EMT-Intermediate Advanced	100.00	100.00			
EMT-Intermediate	100.00	100.00		30	
Emergency Medical Dispatch	25.00	25.00		2	
New Instructor Course Registration	125.00	125.00		40	
Course Coordinator Seminar Registration	40.00	40.00		100	
New Course Coordinator Course Registration	40.00	40.00		40	
Instructor Seminar Registration	125.00	125.00		250	
Instructor Seminar Vendor Fee	165.00	165.00		10	
New Training Officer Course Registration	40.00	40.00		80	
Training Officer Seminar Registration	40.00	40.00		20	
EVO Instructor Course	40.00	40.00			
EMSC Pediatric Update	60.00	-60.00			
Medical Director's Course	50.00	50.00		30	
PALS Course	90.00	<u>60.00</u>	-30.00	10	-300
PEPP Course	90.00	<u>60.00</u>	-30.00	10	-300
Management Seminar	35.00	35.00		150	
PHTLS Course	175.00	175.00			
Equipment delivery fee					
Salt Lake County	25.00	25.00		2	
Davis, Utah, and Weber Counties	50.00	50.00		2	
Late Fee, per day	10.00	10.00			
Training Supplies, rental of equipment, and Accessories					
Charge for course supplies and accessories to be based upon most recent acquisition cost plus 20% rounded up to the nearest \$.10 (computed quarterly), FOB Salt Lake City, Utah					
Background checks (name only)	10.00	10.00		3,000	
Fingerprint checks in Utah only	15.00	15.00		200	
Fingerprint checks to the FBI	24.00	24.00		200	
Fees for Child Care Licensing:					
Registration for voluntary relative care (One-time fee)	50.00	50.00		500	
Annual License Fees					
Health Facilities base fee	400.00		-100.00		
A base fee for health facilities of \$100.00 plus the appropriate fee as indicated below applies to any new or renewal license.					
Annual Licensed Child Care Facility base fee	50.00	50.00		2,500	
Annual Residential Child Care Certificate Base Fee	50.00	50.00		1,320	
Two Year Licensing Base Fees					
Plus the appropriate fee as listed below to any new or renewal license					
Health Care Facility, every other year	200.00		-200.00		
Licensed Child Care Facility, every other year	50.00	50.00		272	
<u>Change in license or certificate during the license period more than twice a year.</u>	<u>25.00</u>	25.00		300	7,500
Change Fee					
Change Fee					
Health Care Providers	75.00		-75.00		
A fee of \$75.00 is charged to health care providers making changes to their existing license.					
Child Care Center Facilities Per Child fee	3.00	3.00		23,405	
Hospitals:					
Fee per Licensed Bed—accredited beds	22.00		-22.00		
Non-accredited beds	28.00		-28.00		
Nursing Care Facilities, and Small Health Care Facilities Licensed Bed	20.00		-20.00		
Residential Treatment Facilities Licensed Bed	16.00		-16.00		
End Stage Renal Disease Centers (ESRDs) Licensed Station	120.00		-120.00		
Freestanding Ambulatory Surgery Centers (per facility)	2,000.00		-2,000.00		
Birthing Centers, and Abortion Clinics: (per licensed unit)	400.00		-400.00		
Hospice Agencies	1,000.00		-1,000.00		
Home Health Agencies/Personal Care Agencies	1,000.00		-1,000.00		
Mammography Screening Facilities	400.00		-400.00		
Assisted Living Facilities Type I Licensed Bed	18.00		-18.00		
Assisted Living Facilities Type II Licensed Bed	18.00		-18.00		
The fee for each satellite and branch office of current licensed facility	75.00		-75.00		
Late Fee					
Licensed or certified child care and health facility providers are responsible for submitting a completed application form, fire clearance (where applicable) and fees 15 days prior to expiration of the license. Late fee will be assessed if fees, application and fire clearance re not received by the license expiration date.					
Within 1 to 44 <u>30</u> days after expiration of license or <u>certified</u> facility will be assessed				203	
50% of scheduled fee					
Within 15 to 30 days after expiration of license facility will be assessed – 75% of					

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
scheduled fee					
New Provider/Change in Ownership Applications for health care facilities A \$500.00 fee will be assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.	500.00		-500.00		
Assisted Living and Small Health Care Type N Limited Capacity/ Change of Ownership Applications: A \$250.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection. This fee will be due at the time of application.	250.00		-250.00		
New Provider/Change in Ownership Applications for Child Care center facilities A \$200.00 fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.	200.00	200.00		10	
Application Termination or Delay Fee If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows: Policy and Procedure Review 50% of total fee Onsite inspections 90% of the total fee. Child care program application fees of \$50.00 are not refundable.					
Plan Review and Inspection Fees Hospitals: Number of Beds					
Up to 16	2,000.00		-2,000.00		
17 to 50	4,000.00		-4,000.00		
51 to 100	6,000.00		-6,000.00		
101 to 200	7,500.00		-7,500.00		
201 to 300	9,000.00		-9,000.00		
301 to 400	10,000.00		-10,000.00		
Over 400, base fee	10,000.00		-10,000.00		
Over 400, each additional bed	20.00		-20.00		
In the case of complex or unusual hospital plans, the Bureau of Licensing will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.					
Nursing Care Facilities and Small Health Care Facilities					
Up to 5	650.00		-650.00		
6 to 16	1,000.00		-1,000.00		
17 to 50	2,250.00		-2,250.00		
51 to 100	4,000.00		-4,000.00		
101 to 200	5,000.00		-5,000.00		
Freestanding Ambulatory Surgical Facilities, per operating room	1,000.00		-1,000.00		
Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit	250.00		-250.00		
End Stage Renal Disease Facilities, per service unit	100.00		-100.00		
Assisted Living Type I and Type II Number of Beds					
Up to 5	350.00		-350.00		
6 to 16	700.00		-700.00		
17 to 50	1,600.00		-1,600.00		
51 to 100	3,000.00		-3,000.00		
101 to 200	4,200.00		-4,200.00		
Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$100.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative.					
Remodels of Licensed Facilities The plan review fee for remodeling an area of a currently operating licensed facility that does not involve an addition of beds, operating rooms, service units, or other clinic type facilities.					
Hospitals, Freestanding Surgery Facilities, per square foot	-16		-16		
All others excluding Home Health Agencies, per square foot	-14		-14		
Each required on-site inspection					

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Base fee	100.00		-100.00		
Per mile traveled - according to approved state travel rates					
Other Plan Review Fee Policies					
If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other information regarding compliance with applicable construction rules, the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be \$100.00, plus mileage reimbursement at the approved state rate. A facility that uses plans and specifications previously reviewed and approved by the Department will be charged 60 percent of the scheduled plan review fee. Thirty cents per square foot will be charged for review of facility additions or remodels that house special equipment such as CAT scanner or linear accelerator. If a project is terminated or delayed during the plan review process, a fee based on services rendered will be retained as follows:					
Preliminary drawing review 25% of the total fee-					
Working drawings and specifications review 80% of the total fee.					
If the project is delayed beyond 12 months from the date of the State's last review the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.					
Plan Review and Inspection Fees					
Health Care Facility Licensing Rules - Cost plus mailing					
Child Care Licensing Rules - Cost plus mailing					
(Licensees receive one copy of each newly published edition of applicable Facility Rules. Additional copies of the rules will reflect the cost of printing and mailing.)					
Certificate of Authority-					
Health Maintenance Organization Review of Application	500.00		-500.00		
Fees for Health Facility Licensure, Certification, and Resident Assessment:					
Annual License Fees					
<u>Health Facilities base fee</u>	<u>100.00</u>	100.00		32	
<u>A base fee for health facilities of \$100.00 plus the appropriate fee as indicated below applies to any new or renewal license.</u>					
<u>Two Year Licensing Base Fees</u>					
<u>Plus the appropriate fee as listed below to any new or renewal license</u>					
<u>Health Care Facility, every other year</u>	<u>200.00</u>	200.00		295	
<u>Health Care Providers</u>	<u>75.00</u>	75.00		200	
<u>A fee of \$75.00 is charged to health care providers making changes to their existing license.</u>					
<u>Hospitals:</u>					
<u>Fee per Licensed Bed - accredited beds</u>	<u>22.00</u>	22.00			
<u>Non-accredited beds</u>	<u>28.00</u>	28.00			
<u>Nursing Care Facilities, and Small Health Care Facilities Licensed Bed</u>	<u>20.00</u>	20.00		8,437	
<u>Residential Treatment Facilities Licensed Bed</u>	<u>16.00</u>	16.00			
<u>End Stage Renal Disease Centers (ESRDs) Licensed Station</u>	<u>120.00</u>	120.00			
<u>Freestanding Ambulatory Surgery Centers (per facility)</u>	<u>2,000.00</u>	2,000.00			
<u>Birthing Centers, and Abortion Clinics: (per licensed unit)</u>	<u>400.00</u>	400.00			
<u>Hospice Agencies</u>	<u>1,000.00</u>	1,000.00			
<u>Home Health Agencies/Personal Care Agencies</u>	<u>1,000.00</u>	1,000.00			
<u>Mammography Screening Facilities</u>	<u>400.00</u>	400.00		57	
<u>Assisted Living Facilities Type I Licensed Bed</u>	<u>18.00</u>	18.00		1,860	
<u>Assisted Living Facilities Type II Licensed Bed</u>	<u>18.00</u>	18.00		2,453	
<u>The fee for each satellite and branch office of current licensed facility</u>					
<u>Late Fee</u>	<u>75.00</u>	75.00		4	
<u>Licensed or certified child care and health facility providers are responsible for submitting a completed application form, fire clearance (where applicable) and fees 15 days prior to expiration of the license. Late fee will be assessed if fees, application and fire clearance re not received by the license expiration date.</u>					
<u>Within 1 to 14 days after expiration of license facility will be assessed 50% of scheduled fee</u>				203	
<u>Within 15 to 30 days after expiration of license facility will be assessed - 75% of scheduled fee</u>				100	
<u>New Provider/Change in Ownership Applications for health care facilities</u>	<u>500.00</u>	500.00		32	
<u>A \$500.00 fee will be assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.</u>					
<u>Assisted Living and Small Health Care Type-N Limited Capacity/ Change of Ownership Applications</u>	<u>250.00</u>	250.00		5	
<u>A \$250.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation</u>					

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
<u>and initial inspection. This fee will be due at the time of application.</u>					
<u>Application Termination or Delay Fee</u>					
<u>If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows:</u>					
<u>Policy and Procedure Review-50% of total fee</u>					
<u>Onsite inspections-90% of the total fee.</u>					
<u>Plan Review and Inspection Fees</u>					
<u>Hospitals:</u>					
<u>Number of Beds</u>					
<u>Up to 16</u>	2,000.00	2,000.00		1	
<u>17 to 50</u>	4,000.00	4,000.00		1	
<u>51 to 100</u>	6,000.00	6,000.00			
<u>101 to 200</u>	7,500.00	7,500.00		1	
<u>201 to 300</u>	9,000.00	9,000.00			
<u>301 to 400</u>	10,000.00	10,000.00			
<u>Over 400, base fee</u>	10,000.00	10,000.00		1	
<u>Over 400, each additional bed</u>	20.00	20.00			
<u>In the case of complex or unusual hospital plans, the Bureau of Health Facility Licensure, Certification, and Resident Assessment will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.</u>					
<u>Nursing Care Facilities and Small Health Care Facilities</u>					
<u>Number of Beds</u>					
<u>Up to 5</u>	650.00	650.00			
<u>6 to 16</u>	1,000.00	1,000.00		1	
<u>17 to 50</u>	2,250.00	2,250.00		1	
<u>51 to 100</u>	4,000.00	4,000.00			
<u>101 to 200</u>	5,000.00	5,000.00			
<u>Freestanding Ambulatory Surgical Facilities, per operating room</u>	1,000.00	1,000.00		10	
<u>Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit</u>	250.00	250.00			
<u>End Stage Renal Disease Facilities, per service unit</u>	100.00	100.00		2	
<u>Assisted Living Type I and Type II</u>					
<u>Number of Beds</u>					
<u>Up to 5</u>	350.00	350.00		4	
<u>6 to 16</u>	700.00	700.00		5	
<u>17 to 50</u>	1,600.00	1,600.00		4	
<u>51 to 100</u>	3,000.00	3,000.00			
<u>101 to 20</u>	4,200.00	4,200.00			
<u>Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$100.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative.</u>					
<u>Remodels of Licensed Facilities</u>					
<u>The plan review fee for remodeling an area of a currently operating licensed facility that does not involve an addition of beds, operating rooms, service units, or other clinic type facilities.</u>					
<u>Hospitals, Freestanding Surgery Facilities, per square foot</u>	.16	.16			
<u>All others excluding Home Health Agencies, per square foot</u>	.14	.14			
<u>Each required on-site inspection</u>					
<u>Base fee</u>	100.00	100.00			
<u>Per mile traveled - according to approved state travel rates</u>					
<u>Other Plan-Review Fee Policies</u>					
<u>If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other information regarding compliance with applicable construction rules, the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be \$100.00, plus mileage reimbursement at the approved state rate.</u>					
<u>A facility that uses plans and specifications previously reviewed and approved by the Department will be charged 60 percent of the scheduled plan review fee. Thirty cents per square foot will be charged for review of facility additions or remodels that house special equipment such as CAT scanner or linear accelerator.</u>					
<u>If a project is terminated or delayed during the plan review process, a fee based on services rendered will be retained as follows:</u>					
<u>Preliminary drawing review-25% of the total fee.</u>					
<u>Working drawings and specifications review-80% of the total fee.</u>					

If the project is delayed beyond 12 months from the date of the State's last review the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.
Health Care Facility Licensing Rules - Cost plus mailing
(Licensees receive one copy of each newly published edition of applicable Facility Rules. Additional copies of the rules will reflect the cost of printing and mailing.)

Certificate of Authority

Health Maintenance Organization Review of Application

Old Fee	New Fee	Fee Change	Quantity	Rev Change
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	500.00	500.00		
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Issue Brief – Fees (Epidemiology & Laboratory Services)

NUMBER HHS-05-14

Fees for Environmental Testing and Toxicology:	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Chain of Custody Sample Handling	10.00	10.00		149	
Priority Handling of Samples (Surcharge) Minimum charge	10.00	10.00		3	
Expert Preparation Time (Research), per hour	25.00	25.00		2	
Expert Witness Fee (Portal to Portal), per hour	50.00	50.00		3	
Drinking Water Tests					
Lead and Copper (Metals Type 8)	28.00	28.00		876	
Drinking Water Organic Contaminants					
THMs EPA Method 524.2	75.00	75.00		279	
Maximum Total Potential THM Method 502.2	80.00	80.00		8	
Other Drinking Water Organic Tests:					
Haloacetic Acids Method 6251B	130.00	130.00		241	
Haloacetonitriles Method 551	100.00	100.00			
TOX	100.00	100.00			
Chlorate/Chlorite	25.00	25.00		27	
Chloral Hydrate/THM	100.00	100.00			
Bromide	25.00	25.00			
Bromate	30.00	30.00		27	
Chlorite	25.00	25.00			
Ion Chromatography (multiple ions)	50.00	50.00		343	
UV Absorption	15.00	15.00		67	
TOC	20.00	20.00		254	
Primary Inorganics and Heavy Metals					
(Type 9 Chemistry) (18 parameters)	250.00	250.00		140	
New Drinking Water Sources					
(Total Inorganic Chemistry - 46 parameters)	535.00	535.00		57	
Drinking Water Inorganic Tests:					
Nitrate	12.00	12.00		25	
Nitrite	20.00	20.00		25	
Asbestos - subcontract price plus handling fee					
VOCs (combined regulated and unregulated)	190.00	190.00		89	
VOCs (Unregulated List 1 & List 3)	190.00	190.00			
Pesticides (combined regulated and unregulated)	875.00	875.00		65	
Pesticides (List II: 10 unregulated contaminants)	650.00	650.00			
Unregulated Organics (Lists 1, 2 & 3)	825.00	825.00		35	
Unregulated VOC List 1 (by itself)	190.00	190.00			
Unregulated VOC List 3 (by itself)	190.00	190.00			
Unregulated VOC List 1 & 3	190.00	190.00			
Inorganics Tests (per sample for preconcentration)	15.00	15.00			
Type 1 - Individual water chemistry parameters					
Alkalinity (Total)	9.00	9.00			
Aluminum	17.00	17.00			
Ammonia	20.00	20.00			
Antimony	17.00	17.00			
Arsenic	17.00	17.00			
Barium	12.00	12.00			
Beryllium	12.00	12.00			
BOD5	30.00	30.00		152	
Boron	12.00	12.00			
Cadmium	17.00	17.00			
Calcium	12.00	12.00			
Chromium	17.00	17.00			
Chromium (Hexavalent)	25.00	25.00			
Chloride	8.00	8.00			
Chloride (IC)	30.00	30.00		135	
Chlorophyll A	20.00	20.00		88	
COD	20.00	20.00			
Color	20.00	20.00			
Copper	12.00	12.00			
Cyanide	45.00	45.00			
Fluoride	9.00	9.00			
Iron	12.00	12.00			
Langlier Index (Calculation: pH, calcium, TDS, alkalinity)	5.00	5.00			
Lead	17.00	17.00		44	
Magnesium	12.00	12.00			
Manganese	12.00	12.00			
Mercury	25.00	25.00			

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Molybdenum	12.00	12.00			
Nickel	17.00	17.00			
Nitrogen, Total Kjeldahl (TKN)	30.00	30.00			
Nitrite	20.00	20.00			
Nitrate plus Nitrite	12.00	12.00		711	
Odor	25.00	25.00			
Perchlorate	30.00	30.00		41	
pH	10.00	10.00			
Phosphate, ortho	20.00	20.00			
Phosphorus, Total	15.00	15.00		488	
Potassium	12.00	12.00			
Selenium	17.00	17.00			
Silica	15.00	15.00			
Silver	17.00	17.00			
Sodium	12.00	12.00			
Solids, Total Dissolved (TDS)	13.00	13.00			
Solids, Total Suspended (TSS)	13.00	13.00			
Solids, Settable (SS)	13.00	13.00			
Solids, Total Volatile	15.00	15.00			
Solids, Percent	13.00	13.00			
Solids, Residual Suspended	25.00	25.00			
Specific Conductance	9.00	9.00			
Surfactants	60.00	60.00			
Sulfate	15.00	15.00		190	
Sulfide	40.00	40.00			
Thallium	17.00	17.00			
Tin	17.00	17.00			
Turbidity	10.00	10.00			
Vanadium	12.00	12.00			
Zinc	12.00	12.00			
Zirconium	17.00	17.00			
Inorganic Chemistry Groups:					
Type 2 - Partial Chemistry (19 Major Anions/Cations)	120.00	120.00		70	
Type 4 - Total Surface Water Chemistry (33 parameters, Metals are dissolved)	280.00	280.00		33	
Type 5 - Total Surface Water Chemistry (33 parameters as in Type 4, Metals are acid soluble)	280.00	280.00		33	
Type 6 - Total Surface Water Chemistry (33 parameters as in Type 4, Metals are totals)	290.00	290.00		33	
Metals Tests:					
Type 1 - Metals (Tissues, Paint, Sediment, Soil)	16.00	16.00		32	
Sample preparation	20.00	20.00			
Type 2 - Acid Soluble Metals (12 Metals - Acidified, Unfiltered Water - No Digestion)	145.00	145.00			
Type 3 - Dissolved metals (12 Metals - No Digestion)	145.00	145.00		34	
Type 7 - Total Metals In Water (12 Metals - Digested)	195.00	195.00			
Nutrient Tests:					
Type 9 - 4 parameters	62.00	62.00			
Organics Tests					
BTEXN (Benzene, Toluene, Ethylbenzene, Xylene, Napthalene)	75.00	75.00			
EPA 8020 (BETXN soil)	75.00	75.00			
Chlorinated Pesticides (Soil) 8082	175.00	175.00			
Chlorinated Acid Herbicides (Soil) 8150	250.00	250.00			
EPA 8270 Semi Volatiles	400.00	400.00			
EPA 8260 (VOCs)	200.00	200.00			
Ethylene Glycol in water	75.00	75.00			
Aldehydes (Air) TO-11	85.00	85.00			
Oil and Grease	100.00	100.00		7	
EPA 508A Total PCBs	200.00	200.00			
EPA 8082 PCBs	175.00	175.00			
PCBs in oil	75.00	75.00			
PCE	75.00	75.00		29	
EPA Method 625 Base/Neutral Acids by GC/MS	400.00	400.00			
Total Organic Carbon (TOC)	20.00	20.00			
Total Petroleum Hydrocarbons (non-BTEX)	75.00	75.00		14	
Volatiles (Purgeables - EPA Method 624)	200.00	200.00			
EPA Method 508.1 Chlorinated Pesticides	175.00	175.00			
EPA Method 531.1 N-Methy Carbamates and Carbamoyloximes	200.00	200.00		30	
Organics Tests					
EPA Method 515.1 Chlorinated Acids and Herbicides	200.00	200.00		29	
EPA Method 525.2 Semivolatiles (A/B/Na) by GC/MS	350.00	350.00		29	
EPA Method 524.2 VOCs (Volatiles Purge and Trap) by GC/MS	190.00	190.00		29	
Unregulated Contaminant Monitoring Regulation (UCMR)	650.00	650.00		1	
Miscellaneous Organic Chemistry					

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
TLCP - Extraction procedure	100.00	100.00			
TLCP Zero Headspace Extraction (ZHE)	160.00	160.00			
Radiochemistry					
Gross alpha or beta	60.00	60.00		69	
Gross alpha and beta	60.00	60.00			
Radium226, (Deemanation)	125.00	125.00		20	
Radium228, (ppt/separation)	155.00	155.00		20	
Uranium (Total Activity)	100.00	100.00		8	
Uranium (ICP/MS)	50.00	50.00		9	
Radon by Liquid Scintillation	65.00	65.00		29	
Tritium	80.00	80.00			
Gamma Spectroscopy By HPGe (water and solid samples)	150.00	150.00		33	
Analysis includes nuclide identification and quantitation, per nuclide.					
Water Bacteriology	15.00	15.00		965	
Swimming pool bacteriology (MF and HPC)	15.00	<u>25.00</u>	10.00	389	3,890
Polluted water bacteriology per parameter	15.00	15.00			
Environmental legionella (swab)	7.00	7.00			
Environmental legionella (liter of water)	30.00	30.00			
Drinking Water Microbiology					
Aeromonas	50.00	50.00		193	
E. Coli	15.00	15.00		97	
Cryptosporidium and Giarrdia Method 1623 analysis	300.00	300.00		67	
Filter	100.00	100.00		67	
MPA	225.00	225.00			
Bacillus subtilis	25.00	25.00		91	
PFGE	30.00	30.00			
Toxicology					
Alcohol in Urine	25.00	25.00			
Alcohol in Beverage	35.00	35.00			
Blood alcohol	50.00	50.00			
Blood or Tissue Drug Analysis	200.00	200.00			
Confirmation of positive blood cannabinoid screen	150.00	150.00			
Cannabinoid Screen (Urine)	25.00	25.00			
Cannabinoids Screen (Blood)	40.00	40.00			
EPIA (urine)	40.00	40.00			
EPIA (blood)	40.00	40.00			
Confirmation of positive drug screens by GC/MS	75.00	75.00			
Confirmation of positive urine cannabinoid screen	60.00	60.00			
Confirmation of positive urine amphetamine screen	50.00	50.00			
Drug preparations (identification)	50.00	50.00			
Drug preparations (quantitation)	50.00	50.00			
Expert testimony (portal to portal), per hour	75.00	75.00			
Date rape panel	220.00	220.00			
GHB in urine	70.00	70.00			
<u>Administrative retrieval and copy fee (1 - 15) case file data</u>	15.00	15.00			
case file report - each additional copy	1.00	1.00			
Fees for Laboratory Improvement:					
Environmental Laboratory Certification					
Annual certification fee (chemistry and/or microbiology)					
Note: Laboratories applying for certification are subject to the annual certification fee, plus the fee listed for each category in each they are to be certified.					
Utah laboratories	500.00	500.00		51	
Out of state laboratories (plus travel expenses)	6,000.00	6,000.00		16	
NELAP recognition fee	600.00	600.00		57	
Certification change fee	50.00	50.00		110	
Safe Drinking Water by Analyte and Method					
Microbiological - Each Method					
Inorganic test procedure each method					
Group I	25.00	25.00		846	
Group II	30.00	30.00		292	
Miscellaneous each method					
Group I	25.00	25.00		77	
Group II	30.00	30.00		70	
Group III	25.00	25.00		36	
Organic Compounds each method					
Group I	50.00	50.00		18	
Group II	70.00	70.00		47	
Group III	80.00	80.00		44	
Group IV	160.00	160.00		8	

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Radiological each method	30.00	30.00		133	
Clean Water by Analyte and Method					
Microbiological each method	40.00	40.00		58	
Toxicity Testing	150.00	150.00		19	
Inorganic test procedure each method					
Group I	25.00	25.00		2,100	
Group II	30.00	30.00		57	
Group III	35.00	35.00		525	
Organic Compounds each method					
Group I	70.00	70.00		121	
Group II	130.00	130.00		1	
Group III	160.00	160.00			
Radiological each method	30.00	30.00		23	
RCRA by Analyte and Method					
Microbiological each method	40.00	40.00		2	
Inorganic test procedure each method					
Group I	25.00	25.00		1,850	
Group II	30.00	30.00		184	
Miscellaneous Groups each method					
Group I	25.00	25.00		227	
Group II	30.00	30.00		15	
Group III	35.00	35.00		54	
Group IV	40.00	40.00		56	
Radiological each method	30.00	30.00		70	
Hazardous Waste Characteristics each method	35.00	35.00		122	
Sample Extraction Procedures each method					
Group I	30.00	30.00		402	
Group II	25.00	25.00		281	
Group III	70.00	70.00		161	
Organic Compounds each method					
Group I	70.00	70.00		300	
Group II	80.00	80.00		23	
Group III	130.00	130.00		95	
Other Programs Analytes by Method	300.00	300.00			
Each individual analyte by each specific method					
Travel expenses reimbursement for out of state environmental laboratory certifications - Cost Recovery					
Permits for authorized individuals to withdraw blood for the purpose of determining alcohol or drug content.					
Triennial fee	30.00	30.00		66	
Impounded Animals Use Certification					
Annual fee	300.00	300.00		3	
Fees for Microbiology:					
Immunology					
Hepatitis B Surface Antigen(HBsAg)	40.00	<u>15.00</u>	5.00	250	1,250
Hepatitis B Surface Antibody (HBsAb)	15.00	15.00		340	
Hepatitis C HVC Antibody	30.00	<u>35.00</u>	5.00		
HIV-1 - Antibody (Note: this test includes a confirmatory Western Blot if needed)	10.00	10.00		1,499	
HIV-1 – Confirmation	38.75	<u>40.00</u>	1.25	8	10
(Note: this is for a Western Blot only, a reactive EIA is not required)					
HIV-1 - Orasure (includes confirmatory Western Blot)	20.00	20.00			
Hantavirus	40.00	40.00		4	
Syphilis RPR	5.00	5.00		1,800	
Syphilis FTA	10.00	10.00			
HIV prostitute law - research and testimony, per hour	100.00	100.00			
Chain of Custody sample surcharge	15.00	15.00			
Samples for research	5.00	5.00			
Virology					
Herpes culture	10.00	10.00			
Viral typing	135.00	135.00			
Verotoxin bioassay	25.00	25.00			
Gonorrhea (GenProbe collection kit req.)	4.50	4.50		3,411	
Chlamydia (GenProbe collection kit req.)	6.00	6.00		10,600	
GenProbe collection kit	2.50	2.50		15,000	
Rabies (mice, squirrels)	75.00	75.00		8	
Rabies (no human exposure)	30.00	30.00			
CMV culture	10.00	10.00			
Chlamydia unpooled amplified test	15.00	15.00		1,500	
Chlamydia pooled amplified test	8.50	8.50			
Gonorrhea unpooled amplified test	15.00	15.00			
Gonorrhea pooled amplified test	8.50	8.50			
GC and CT unpooled amplified test	22.50	22.50		2,500	
Bacteriology					

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Clinical					
TB (bone marrow and blood samples only)	10.00	10.00		40	
Direct TB test	300.00	300.00			
Cultural, Bacterial	10.00	10.00		8	80
<u>Giardia/Cryptosporidium EIA</u>	<u>20.00</u>	20.00		20	400
Food Microbiology					
Total and fecal coliform	20.00	20.00			
Plate count, per dilution	15.00	15.00			
pH and water activity	15.00	15.00			
Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus culture	75.00	75.00			
Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus toxin assay	270.00	270.00			
Salmonella isolation and speciation	205.00	205.00			
Shigella isolation and speciation	50.00	50.00			
Campylobacter isolation and speciation	65.00	65.00			
Listeria isolation and speciation	140.00	140.00			
E. coli O157:H7	90.00	90.00			
Botulism toxin assay	125.00	125.00			
Environmental swab	12.00	12.00			
Coliform count	20.00	20.00			
Newborn Screening:					
Routine first and follow-up screening	35.00	35.00		53,611	
Diet Monitoring	7.00	7.00			
Molecular Biology					
Bordetella pertussis	10.00	10.00			
Norwalk Virus	12.00	12.00			
Chlamydia pneumoniae	10.00	10.00			
Mycoplasma pneumoniae	10.00	10.00			
SARS PCR (respiratory samples)	12.00	12.00			
Monkey Pox PCR	20.00	20.00			
V2V Chicken Pox PCR	15.00	15.00			
Vaccinia PCR	15.00	15.00			
SARS ELISA serum (not screened by EPI)	15.00	15.00			
Human WNV ELISA serum (not screened by EPI)	15.00	15.00			
Fees for Communicable Disease Control:					
Notification and post-test counseling of patients involved in an emergency medical services (EMS) body fluid exposure.	75.00	75.00			
Counseling of an individual with a positive HIV antibody test - Cost Recovery					
Notification of an individual with a negative HIV antibody test <u>by phone in person.</u>	6.00	<u>15.00</u>	9.00		
Notification of an individual with a negative HIV antibody test by certified letter and phone.	40.00		-10.00		
Counseling and Testing Workshops	385.00	385.00			
<u>Positive/OraQuick/PCRS Workshop</u>	<u>450.00</u>		450.00		
HIV/AIDS education presentations:					
HIV/AIDS 101	40.00	40.00			
Business Responds to AIDS	40.00		-40.00		
Emergency Medical Services	57.00	57.00			
TB Skin Testing (placement and reading)	15.00	15.00			
Other					

The Laboratory performs a variety of tests under contract and in volume to other agencies of government. The charge for these services is determined according to the type of services and the test volume, and is based on the cost to the Laboratory and therefore may be lower than the fee schedule. Because of changing needs, the Laboratory receives requests for new tests or services that are impossible to anticipate and list fully in a standard fee schedule. Charges for these services are authorized and are to be based on costs.

Issue Brief – Fees (Community & Family Health Services)

NUMBER HHS-05-15

Fees for Health Promotion:	Old Fee	New Fee	Fee Change	Quantity	Rev Change
Cardiovascular Disease Program					
Cholesterol/Hypertension Control					
Blood Pressure Standardization protocol	5.00		-5.00		
Cholesterol Procedure Manual	5.00		-5.00		
(No fees are charges to local health departments. However, private agencies are charged for class materials and instructor services.)					
5-A-Day					
Adult White T-shirt	10.00	10.00		20	
Children's T-shirt	8.00	8.00		10	
Aprons	5.00	5.00		10	
Puppet Show (rental/cleaning fee)	5.00	5.00		5	
Tool Kit	10.00	10.00		12	
Costumes (rental/cleaning fee)	5.00	5.00		5	
Gold Medal Schools					
Step It Up Pedometers	10.00	11.00	1.00	50	50
Legacy Gold Medal Mile Trail Book	5.00	5.00		20	
Healthy Utah Program					
Healthy Utah Pedometer	10.32	10.32		200	
Healthy Utah Color Communication Book	6.57	6.57		100	
Note: Unit counts may vary greatly depending on public demand. Fees are charges to recapture the actual costs of purchasing, printing and maintaining materials and equipment.					
Fees for Children with Special Health Care Needs:					
<i>Note: The schedule of charges for Children with Special Health Care Needs services provided by the Division of Community and Family Health Services represents commonly performed procedures by CPT code and is consistent with charges by the private sector. The list is not intended to be comprehensive as the Division is mandated to assign a charge for all services performed and there is potentially an unlimited number of procedures that could be provided. If unlisted services are performed, charges consistent with the private sector will be assigned.</i>					
Office Visit, New Patient					
99201 Problem focused, straightforward	41.00	41.00		5	
99202 Expanded problem, straightforward	52.00	52.00		116	
99203 Detailed, low complexity	77.00	77.00		179	
99204 Comprehensive, Moderate complexity	103.00	103.00		555	
99205 Comprehensive, high complexity	120.00	120.00		78	
Office Visit, Established Patient					
99211 Minimal Service or non-MD	14.00	14.00		50	
99212 Problem focused, straightforward	37.00	37.00		535	
99213 Expanded problem, low complexity	51.00	51.00		1,158	
99214 Detailed, moderate complexity	62.00	62.00		483	
99215 Comprehensive, high complexity	94.00	94.00		289	
Office Consultation, New or Established Patient					
99242 Expanded problem focused, straightforward	77.00	77.00		6	
99243 Detailed exam, low complexity	86.00	86.00		550	
99244 Comprehensive, moderate complexity	124.00	124.00		345	
99245 Comprehensive, high complexity	186.00	186.00		80	
99361 Medical team conference, 30 min.	63.00	63.00		334	
<u>99362 Medical team conference, 60 min.</u>		<u>124.00</u>	124.00	273	33,852
<u>99372 Telephone Consultation, intermediate</u>		<u>21.00</u>	21.00	180	3,780
99373 Telephone Consultation, complex or lengthy	41.00	41.00		47	
<u>99375 Physician Supervision, 30 minutes or more</u>		<u>63.00</u>	63.00	11	693
Nutrition					
97802 Nutrition Assessment	22.00	22.00		353	
97803 Nutrition Reassessment	22.00	22.00		368	
Psychology					
96100 Psychological Testing	130.00	130.00		879	
96110 Developmental Testing	64.00	64.00		32	
96111 Extended Developmental Testing	60.00	60.00		414	
90801 Diagnostic Exam, per hour	130.00	130.00		322	
90801-52 Diagnostic Exam, per hour, Reduced Procedures	65.00	65.00		210	
90846 Family Med Psychotherapy, w/o 30 minutes	66.00	66.00		121	
90847 Family Med Psychotherapy, conjoint 30 minutes	130.00	130.00		889	

	Old Fee	New Fee	Fee Change	Quantity	Rev Change
90882 Environmental Intervention w/Agencies, Employers, etc.	46.00	46.00		56	
90882-52 Environmental Intervention Reduced Procedures	23.00	23.00		95	
90885 Evaluation of hospital records	36.00	36.00		13	
90889 Preparation of reports	39.00	39.00		16	
Physical and Occupational Therapy					
97001 Physical Therapy Evaluation	43.00	43.00		203	
97002 Physical Therapy Re-evaluation	36.00	36.00		81	
97003 Occupational Therapy Evaluation	44.00	44.00		400	
97004 Occupational Therapy Re-evaluation	37.00	37.00		182	
97110 Therapeutic Physical Therapy	24.00	24.00		21	
Speech					
92506 Speech Basic Assessment	83.00	83.00		174	
92506-22 Speech Assessment, unusual procedures	132.00	132.00		70	
92506-52 Speech Assessment, reduced procedures	53.00	53.00		596	
Ophthalmology					
92002 Exam & Evaluation, intermediate, new patient	55.00	55.00		183	
92012 Exam & evaluation, intermediate, established patient		50.00	50.00	381	19,050
92015 Determination of refractive state	50.00		-50.00		
Audiology					
92285 Photoscreen	17.00	17.00		10	
92551 Audiometry, Pure Tone Screen	33.00	33.00		195	
92552 Audiometry, Pure Tone Threshold	36.00	36.00		68	
92553 Audiometry, Air and Bone	44.00	44.00		20	
92555 Speech Audiometry threshold testing	28.00	28.00		16	
92556 Speech Audiometry threshold/speech recognition testing	40.00	40.00		5	
92557 Basic Comprehension, Audiometry	80.00	80.00		93	
92567 Tympanometry	19.00	19.00		2,221	
92570 Visual reinforcement audiometry testing	35.00		-35.00		
92579-52 Visual reinforcement audiometry, limited	31.00	31.00		50	
92582 Conditioning Play Audiometry	80.00	80.00		136	
92587 Evaluation of Alternate Communication Device	42.00		-42.00		
92587 Evoked Otoacoustic emissions testing	42.00	42.00		1,676	
92589 Central Auditory Function	86.00	86.00		17	
92591 Hearing Aid Exam, Binaural	108.00	108.00		10	
92596 Ear Mold	84.00	84.00		14	
92579 Visual Reinforcement Audio	35.00	35.00		568	
92592-52 Hearing aid check, monaural	31.00	31.00		20	
92593 Hearing Aid Check, Binaural	97.00		-97.00		
92593-52 Hearing aid check, binaural	44.00	44.00		24	

The Division assigns a charge to all services performed regardless of the client's or third party insurer's financial responsibility or the likelihood of receiving payment for the services. Projected numbers of units of services are based on past experiences but are subject to significant variation determined by the actual needs of patients and changes in medical practices. Hence, it is not possible to calculate the change in revenue resulting from a change in the charge for a given service.

**COMMUNITY AND FAMILY HEALTH SERVICES
SLIDING FEE SCHEDULE - FY 2006**

Patient's Financial Responsibility (PFR)	0%	0%	20%	40%	60%	100%
% of Federal Poverty Guideline	100%	0% to 133%	133% to 150%	150% to 185%	185% to 225%	>225%
FAMILY SIZE	MONTHLY FAMILY INCOME					
1	\$775.83	\$0.00 - 1,031.86	\$1,031.87 - 1,163.75	\$1,163.76 - 1,435.29	\$1,435.30 - 1,745.63	\$1,745.64 and up
2	1,040.83	0.00 - 1,384.31	1,384.32 - 1,561.25	1,561.26 - 1,925.54	1,925.55 - 2,341.88	2,341.89 and up
3	1,305.83	0.00 - 1,736.76	1,736.77 - 1,958.75	1,958.76 - 2,415.79	2,415.80 - 2,938.13	2,938.14 and up
4	1,570.83	0.00 - 2,089.21	2,089.22 - 2,356.25	2,356.26 - 2,906.04	2,906.05 - 3,534.38	3,534.39 and up
5	1,835.83	0.00 - 2,441.66	2,441.67 - 2,753.75	2,753.76 - 3,396.29	3,396.30 - 4,130.63	4,130.64 and up
6	2,100.83	0.00 - 2,794.11	2,794.12 - 3,151.25	3,151.26 - 3,886.54	3,886.55 - 4,726.88	4,726.89 and up
7	2,365.83	0.00 - 3,146.56	3,146.57 - 3,548.75	3,548.76 - 4,376.79	4,376.80 - 5,323.13	5,323.14 and up
8	2,630.83	0.00 - 3,499.01	3,499.02 - 3,946.25	3,946.26 - 4,867.04	4,867.05 - 5,919.38	5,919.39 and up
Each Additional Family Member	265.00	352.45	397.50	490.25	596.25	588.75

NOTE: This CFHS fee schedule is based on Federal Poverty Guidelines published in the Federal Register February 13, 2004, Vol. 69 No. 30, pgs. 7,336 - 7,338. When new poverty guidelines are published, the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.

**COMMUNITY AND FAMILY HEALTH SERVICES
Baby Watch Early Intervention Program
2006 Sliding Fee Schedule**

Monthly Family Fee	exempt	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$80.00	\$100.00
Fee Group	FX	FH	FG	FF	FE	FD	FC	FB	FA
FAMILY SIZE	modified income	modified income	modified income	modified income	modified income	modified income	modified income	modified income	modified income
2	\$0.00 - \$23,230.99	\$23,231.00 - \$24,979.99	\$24,980.00 - \$31,224.99	\$31,225.00 - \$37,469.99	\$37,470.00 - \$49,959.99	\$49,960.00 - \$62,449.99	\$62,450.00 - \$74,939.99	\$74,940.00 - \$87,429.99	\$87,430.00 - and above
3	\$0.00 - \$29,145.99	\$29,146.00 - \$31,339.99	\$31,340.00 - \$39,174.99	\$39,175.00 - \$47,009.99	\$47,010.00 - \$62,679.99	\$62,680.00 - \$78,349.99	\$78,350.00 - \$94,019.99	\$94,020.00 - \$109,689.99	\$109,690.00 - and above
4	\$0.00 - \$35,060.99	\$35,061.00 - \$37,699.99	\$37,700.00 - \$47,124.99	\$47,125.00 - \$56,549.99	\$56,550.00 - \$75,399.99	\$75,400.00 - \$94,249.99	\$94,250.00 - \$113,099.99	\$113,100.00 - \$131,949.99	\$131,950.00 - and above
5	\$0.00 - \$40,975.99	\$40,976.00 - \$44,059.99	\$44,060.00 - \$55,074.99	\$55,075.00 - \$66,089.99	\$66,090.00 - \$88,119.99	\$88,120.00 - \$110,149.99	\$110,150.00 - \$132,179.99	\$132,180.00 - \$154,209.99	\$154,210.00 - and above
6	\$0.00 - \$46,890.99	\$46,891.00 - \$50,419.99	\$50,420.00 - \$63,024.99	\$63,025.00 - \$75,629.99	\$75,630.00 - \$100,839.99	\$100,840.00 - \$126,049.99	\$126,050.00 - \$151,259.99	\$151,260.00 - \$176,469.99	\$176,470.00 - and above
7	\$0.00 - \$52,804.99	\$52,805.00 - \$56,779.99	\$56,780.00 - \$70,974.99	\$70,975.00 - \$85,169.99	\$85,170.00 - \$113,559.99	\$113,560.00 - \$141,949.99	\$141,950.00 - \$170,339.99	\$170,340.00 - \$198,729.99	\$198,730.00 - and above
8	\$0.00 - \$58,719.99	\$58,720.00 - \$63,139.99	\$63,140.00 - \$78,924.99	\$78,925.00 - \$94,709.99	\$94,710.00 - \$126,279.99	\$126,280.00 - \$157,849.99	\$157,850.00 - \$189,419.99	\$189,420.00 - \$220,989.99	\$220,990.00 - and above
Each Additional Family Member	\$3,180.00	\$5,915.00	\$6,360.00	\$7,950.00	\$9,540.00	\$12,720.00	\$15,900.00	\$19,080.00	\$22,260.00

NOTE: This CFHS fee schedule is based on Federal Poverty Guidelines published in the Federal Register February 13, 2004, Vol. 69 No. 30, pgs. 7,336 - 7,338. When new poverty guidelines are published, the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.