



# HEALTH DEPARTMENT FEES

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE  
STAFF: RUSSELL FRANSEN

ISSUE BRIEF

**SUMMARY**

In accordance with UCA 63J-1-303, the following fees (included on the following pages) are proposed for the services of the Department of Health in FY 2012. These fees will generate revenue of approximately \$21,703,600 in FY 2012. The Analyst recommends that the Subcommittee approve these proposed fees.

**DISCUSSION AND ANALYSIS**

The total increase in fees for the Department of Health is estimated at \$346,700 or 2%. This is detailed in the table below. Often, the full amount of the fees cannot be collected from the client or patient, due to circumstances outlined by statute and federal program rule. These circumstances may include the income level, age or physical abilities of the clients that receive the services. A sliding payment scale is used and included for approval by the Legislature in this Issue Brief.

Line Item & Program	Base Year Fees	New Fees	Increased Fees	Total Fee Increase	% Increase
<b>OFFICE OF THE EXECUTIVE DIRECTOR</b>					
Center for Health Data	\$ 2,072,995		\$ -	\$ -	0%
<b>DISEASE CONTROL AND PREVENTION</b>					
Director's Office	\$ -		\$ -	\$ -	N/A
Chemical and Environmental Services	\$ 450,083	\$ 825	\$ -	\$ 825	0%
Laboratory Improvement	\$ 480,404	\$ 936	\$ -	\$ 936	0%
Forensic Toxicology	\$ -	\$ 9,801	\$ 9,137	\$ 18,938	N/A
Microbiology	\$ 5,547,384	\$ 664	\$ 664	\$ 1,327	0%
Epidemiology	\$ -	\$ 158	\$ -	\$ 158	#DIV/0!
Health Promotion	\$ 88,000	\$ -	\$ -	\$ -	0%
Office of the Medical Examiner	\$ 83,600	\$ -	\$ -	\$ -	0%
<b>FAMILY HEALTH AND PREPAREDNESS</b>					
Children with Special Health Care Needs	\$ 1,110,735	\$ 1,165	\$ 12,844	\$ 14,009	1%
Emergency Medical Services	\$ 580,880	\$ -	\$ 10,600	\$ 10,600	2%
Health Facility Licensure, Certification and Resident Assessment	\$ 1,309,381	\$ -	\$ 303,650	\$ 303,650	23%
Child Care Licensing	\$ 94,276	\$ -	\$ (3,779)	\$ (3,779)	-4%
<b>MEDICAID</b>					
Other Mandatory Services	\$ 7,211,698	\$ -	\$ -	\$ -	0%
Children's Health Insurance Program	\$ 2,327,500	\$ -	\$ -	\$ -	0%
<b>Health Totals</b>	<b>\$ 21,356,900</b>	<b>\$ 13,500</b>	<b>\$ 333,100</b>	<b>\$ 346,700</b>	<b>2%</b>

HEALTH DEPARTMENT FEES

The table below details the new fees proposed by the Department of Health and their estimated revenues (for those new fees estimated to bring in new revenue). These new fees are estimated to bring in \$13,500 in FY 2012.

<u>Program &amp; New Fee Name</u>	<u>Fee</u>	<u>Units</u>	<u>Revenue</u>	<u>Explanation From Health</u>
<b>Chemical and Environmental Services</b>			<b>\$ 825</b>	
GRAMA Request administrative retrieval and copy fees; 1 - 15 copies	\$ 25	9	\$ 225	new, for clarification
Rush testing fees - added to cost of performing test; Environmental Testing <48 hours	\$ 50	12	\$ 600	new, for clarification
<b>Laboratory Improvement</b>			<b>\$ 936</b>	
On-site Seminar Fees; Per unit of instruction	\$ 15	26	\$ 390	New 2010
Administrative retrieval and copy fees; 1 - 15 copies	\$ 20	12	\$ 240	new, for clarification
Administrative retrieval and copy fees; each additional copy	\$ 1	17	\$ 17	new, for clarification
GRAMA Request administrative retrieval and copy fees; 1 - 15 copies	\$ 25	11	\$ 275	new, for clarification
GRAMA Request administrative retrieval and copy fees; each additional copy	\$ 1	14	\$ 14	new, for clarification
<b>Forensic Toxicology</b>			<b>\$ 9,801</b>	
Expert Testimony - Prep Time Fee (Portal to Portal), per hour	\$ 79	118	\$ 9,293	new, for clarification
Administrative retrieval and copy fees; 1 - 15 copies	\$ 20	11	\$ 220	new, for clarification
Administrative retrieval and copy fees; each additional copy	\$ 1	12	\$ 12	new, for clarification
GRAMA Request administrative retrieval and copy fees; 1 - 15 copies	\$ 25	11	\$ 275	new, for clarification
GRAMA Request administrative retrieval and copy fees; each additional copy	\$ 1	1	\$ 1	new, for clarification
<b>Microbiology</b>			<b>\$ 664</b>	
Expert Testimony - Prep Time Fee (Portal to Portal), per hour	\$ 79	2	\$ 158	new, for clarification
Administrative retrieval and copy fees; 1 - 15 copies	\$ 20	12	\$ 240	new, for clarification
Administrative retrieval and copy fees; each additional copy	\$ 1	9	\$ 9	new, for clarification
GRAMA Request administrative retrieval and copy fees; 1 - 15 copies	\$ 25	10	\$ 250	new, for clarification
GRAMA Request administrative retrieval and copy fees; each additional copy	\$ 1	7	\$ 7	new, for clarification
<b>Children with Special Health Care Needs</b>			<b>\$ 1,165</b>	
99241 Problem focused, straightforward	\$ 60	5	\$ 300	DFHP1
96102 Psychological Testing by technician	\$ 65	10	\$ 650	DFHP1
96102 Psychological Testing with computer	\$ 60	1	\$ 60	DFHP1
92568 Acoustic reflex testing, threshold	\$ 45	1	\$ 45	DFHP1
92621 Evaluation of Central Auditory function - each additional 15 minutes	\$ 22	5	\$ 110	DFHP1
<b>Total from New Fees</b>			<b>\$ 13,390</b>	

Additionally, the Department is requesting permission for 15 new fees without any estimate of revenue for those fees. These are listed in the table below:

<b>Executive Director's Office</b>	<b>Fee</b>
Labor time for file search and / or information compilation;; For Department of Technology Services or programmer / analyst staff time per hour; \$70.00	\$ 35.00
Labor time for file search and / or information compilation;; Copy cost per page 11 x 8.5 Black and White per copy;	\$ 70.00
Labor time for file search and / or information compilation;; Copy cost per page 11x17 or color per copy;	\$ 0.15
Labor time for file search and / or information compilation;; Fax cost per page	\$ 0.40
Labor time for file search and / or information compilation;; Copy of information on disk per kilobyte	\$ 0.50
Labor time for file search and / or information compilation;; Other communication medium; actual cost	\$ 0.02
Labor time for file search and / or information compilation;; Mailing or shipping cost; actual cost	Actual Cost
Labor time for file search and / or information compilation;; Center for Health Data	Actual Cost
<b>Disease Control and Prevention</b>	
Expert Testimony Fee, includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.	\$ 250.00
RUSH testing fees - added to cost of performing test; Toxicology Testing <96 hours	\$ 50.00
Handling Fees (per sample); Chain of Custody Sample Handling Fee	\$ 11.00
Handling Fees (per sample); Priority Handling of Samples (Surcharge) Minimum charge	\$ 11.00
Rabies (human)	\$ 85.00
Rush testing fees - added to cost of performing test; Microbiology Testing <1 week	\$ 50.00
Priority Handling of Samples (Surcharge) Minimum charge	\$ 11.00

HB 391 "Budgetary Procedures Act Revisions" from the 2009 General Session clarified that an agency must get approval from the Legislature applies for all fees. All of the Department of Health's proposed fees for the Committee's approval are included at the end of this brief.

#### **LEGISLATIVE ACTION**

The Analyst recommends that the Subcommittee approve these proposed fees.



**UTAH DEPARTMENT OF HEALTH**

**Baby Watch Early Intervention Program  
2011 Sliding Fee Schedule**



Monthly Family Fee:	Exempt	\$10	\$20	\$30	\$40	\$50	\$60	\$80	\$100
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
<b>2</b>	\$0.00 to \$27,360.59	\$27,360.60 to \$29,419.99	\$29,420.00 to \$36,774.99	\$36,775.00 to \$44,129.99	\$44,130.00 to \$58,839.99	\$58,840.00 to \$73,549.99	\$73,550.00 to \$88,259.99	\$88,260.00 to \$102,969.99	\$102,970.00 and above
<b>3</b>	\$0.00 to \$34,465.79	\$34,465.80 to \$37,059.99	\$37,060.00 to \$46,324.99	\$46,325.00 to \$55,589.99	\$55,590.00 to \$74,119.99	\$74,120.00 to \$92,649.99	\$92,650.00 to \$111,179.99	\$111,180.00 to \$129,709.99	\$129,710.00 and above
<b>4</b>	\$0.00 to \$41,570.99	\$41,571.00 to \$44,699.99	\$44,700.00 to \$55,874.99	\$55,875.00 to \$67,049.99	\$67,050.00 to \$89,399.99	\$89,400.00 to \$111,749.99	\$111,750.00 to \$134,099.99	\$134,100.00 to \$156,449.99	\$156,450.00 and above
<b>5</b>	\$0.00 to \$48,676.19	\$48,676.20 to \$52,339.99	\$52,340.00 to \$65,424.99	\$65,425.00 to \$78,509.99	\$78,510.00 to \$104,679.99	\$104,680.00 to \$130,849.99	\$130,850.00 to \$157,019.99	\$157,020.00 to \$183,189.99	\$183,190.00 and above
<b>6</b>	\$0.00 to \$55,781.39	\$55,781.40 to \$59,979.99	\$59,980.00 to \$74,974.99	\$74,975.00 to \$89,969.99	\$89,970.00 to \$119,959.99	\$119,960.00 to \$149,949.99	\$149,950.00 to \$179,939.99	\$179,940.00 to \$209,929.99	\$209,930.00 and above
<b>7</b>	\$0.00 to \$62,886.59	\$62,886.60 to \$67,619.99	\$67,620.00 to \$84,524.99	\$84,525.00 to \$101,429.99	\$101,430.00 to \$135,239.99	\$135,240.00 to \$169,049.99	\$169,050.00 to \$202,859.99	\$202,860.00 to \$236,669.99	\$236,670.00 and above
<b>8</b>	\$0.00 to \$69,991.79	\$69,991.80 to \$75,259.99	\$75,260.00 to \$94,074.99	\$94,075.00 to \$112,889.99	\$112,890.00 to \$150,519.99	\$150,520.00 to \$188,149.99	\$188,150.00 to \$225,779.99	\$225,780.00 to \$263,409.99	\$263,410.00 and above
<b>Add amount for each additional family member</b>	\$3,820	\$7,105	\$7,640	\$9,550	\$11,460	\$15,280	\$19,100	\$22,920	\$26,740

NOTE: This CFHS schedule is based on Federal Poverty Guidelines published in the *Federal Register*, Vol. 76, No. 13, January 20, 2011, pages 3637-3638. 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.

UTAH DEPARTMENT OF HEALTH  
Division of Family Health and Preparedness

**2011**

**Sliding Fee Schedule and CHIP**  
Monthly Income Ranges

Sliding Fee Schedule and CHIP Monthly Income Ranges							
Patient's Financial Responsibility (PFR)	0%	0%	20%	40%	60%	100%	
	0%Y	0%Y	0%N	0%N	60%N	100%N	
% of Federal Poverty Guideline	100%	0% to 133%	133% to 150%	150% to 185%	185% to 225%	>225%	<b>CHIP* 200%</b>
Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	\$907.50	\$0.00 to \$1,206.98	\$1,206.99 to \$1,361.25	\$1,361.26 to \$1,678.88	\$1,678.89 to \$2,041.88	\$2,041.89 and up	<b>\$1,815.00</b>
2	\$1,225.83	\$0.00 to \$1,630.36	\$1,630.37 to \$1,838.75	\$1,838.76 to \$2,267.79	\$2,267.80 to \$2,758.13	\$2,758.14 and up	<b>\$2,451.67</b>
3	\$1,544.17	\$0.00 to \$2,053.74	\$2,053.75 to \$2,316.25	\$2,316.26 to \$2,856.71	\$2,856.72 to \$3,474.38	\$3,474.39 and up	<b>\$3,088.33</b>
4	\$1,862.50	\$0.00 to \$2,477.13	\$2,477.14 to \$2,793.75	\$2,793.76 to \$3,445.63	\$3,445.64 to \$4,190.63	\$4,190.64 and up	<b>\$3,725.00</b>
5	\$2,180.83	\$0.00 to \$2,900.51	\$2,900.52 to \$3,271.25	\$3,271.26 to \$4,034.54	\$4,034.55 to \$4,906.88	\$4,906.89 and up	<b>\$4,361.67</b>
6	\$2,499.17	\$0.00 to \$3,323.89	\$3,323.90 to \$3,748.75	\$3,748.76 to \$4,623.46	\$4,623.47 to \$5,623.13	\$5,623.14 and up	<b>\$4,998.33</b>
7	\$2,817.50	\$0.00 to \$3,747.28	\$3,747.29 to \$4,226.25	\$4,226.26 to \$5,212.38	\$5,212.39 to \$6,339.38	\$6,339.39 and up	<b>\$5,635.00</b>
8	\$3,135.83	\$0.00 to \$4,170.66	\$4,170.67 to \$4,703.75	\$4,703.76 to \$5,801.29	\$5,801.30 to \$7,055.63	\$7,055.64 and up	<b>\$6,271.67</b>
Each Additional Family Member	\$318.33	\$423.38	\$477.50	\$588.92	\$716.25	\$716.25	<b>\$636.67</b>

NOTE: This DFHP schedule is based on the Federal Poverty Guidelines published in the Federal Register January 20, 2011; Vol. 76, No. 13, Pgs 3637-3638. 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.

**\* Children's Health Insurance Program (CHIP)**

Prepared by: DFHP Financial Resources - Central Billing Office (CBO) 02/07/2011



**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use					
	Public Use Data Set, Multi Year License Fee for Private Sector Agencies - Existing User					
1702.	File I - multiple year data set (3 years prior to current year)	3,000.00	3,000.00	0.00	0	0
1703.	File III - multiple year data set (3 years prior to current year)	1,000.00	1,000.00	0.00	0	0
	Public Use Data Set - Single Year License Fee for Data Suppliers					
	File I - for the latest year only					
1704.	Large System/Corporation (>35,000 discharges per year)	3,150.00	3,150.00	0.00	0	0
1705.	Large Single Hospital or Multiple Hospital (5,000-35,000 discharges per year)	1,575.00	1,575.00	0.00	0	0
1706.	Small or Medium Single Hospital (<5,000 discharges per year)	525.00	525.00	0.00	0	0
	Private Sector Secondary Release License, File I - III, per year					
1707.	First Year (5 copies)	1,050.00	1,050.00	0.00	0	0
1708.	Annual renewal fee (5 copies)	525.00	525.00	0.00	0	0
1709.	Additional copies (in excess of 5)	50.00	50.00	0.00	0	0
1710.	Financial Database	50.00	50.00	0.00	0	0
	Research Data Set License Fee					
	Inpatient, Ambulatory Surgery, and Emergency Department Encounter Research Data Set					
1711.	Latest Year	3,150.00	3,150.00	0.00	0	0
1712.	Three years prior	3,000.00	3,000.00	0.00	0	0
	Research Data Set Secondary Release License Fee					
1713.	Inpatient data set for the latest year	1,500.00	1,500.00	0.00	0	0
1714.	Ambulatory surgery data set for the latest year	750.00	750.00	0.00	0	0
1715.	Emergency Department encounter data set for the last year	750.00	750.00	0.00	0	0
	Research Data Set for Federal Databases with Secondary Release License Fee					
1716.	Inpatient data set for the latest year	4,500.00	4,500.00	0.00	0	0
1717.	Ambulatory surgery data set for the latest year	4,500.00	4,500.00	0.00	0	0
	Multi-Year Healthcare Effectiveness Data and Information Set License Fee					
	Public, Educational, Non-profit Research Organizations					
1718.	File I - Latest Year (per data set)	1,050.00	1,050.00	0.00	0	0
1719.	File II - Previous Year (per data set)	750.00	750.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Multi-Year Healthcare Effectiveness Data and Information Set License Fee					
	Public, Educational, Non-profit Research Organizations					
1720.	File III - Any Earlier Years (per data set)	500.00	500.00	0.00	0	0
	Private Sector Agencies					
1721.	File I - Latest Year (per data set)	1,575.00	1,575.00	0.00	0	0
1722.	File II - Previous Year (per data set)	1,250.00	1,250.00	0.00	0	0
1723.	File III - Any Earlier Years (per data set)	1,000.00	1,000.00	0.00	0	0
	Health Maintenance Organization or Preferred Provider Organization Enrollee Satisfaction Survey Data Set License Fee					
	Public, Educational, Non-profit Research Organizations					
1724.	File I - Latest Year (per data set)	1,050.00	1,050.00	0.00	0	0
1725.	File II - Previous Year (per data set)	750.00	750.00	0.00	0	0
1726.	File III - Any Earlier Years (per data set)	500.00	500.00	0.00	0	0
	Private Sector Agencies					
1727.	File I - Latest Year (per data set)	1,575.00	1,575.00	0.00	0	0
1728.	File II - Previous Year (per data set)	1,250.00	1,250.00	0.00	0	0
1729.	File III - Any Earlier Years (per data set)	1,000.00	1,000.00	0.00	0	0
	Data Suppliers (contributing Health Maintenance Organizations or Preferred Provider Organizations)					
1730.	File I - Latest Year (per data set)	420.00	420.00	0.00	0	0
1731.	File II - Previous Year (per data set)	300.00	300.00	0.00	0	0
1732.	File III - Any Earlier Years (per data set)	200.00	200.00	0.00	0	0
	Data Suppliers (Non-contributing Health Maintenance Organizations or Preferred Provider Organizations)					
1733.	File I - Latest Year (per data set)	840.00	840.00	0.00	0	0
1734.	File II - Previous Year (per data set)	600.00	600.00	0.00	0	0
1735.	File III - Any Earlier Years (per data set)	400.00	400.00	0.00	0	0
	Fee for Data Suppliers Purchases					
1736.	Hard Copy Reports Miscellaneous	10.00	10.00	0.00	0	0
1737.	Standard Report 1 - Inpatient, Emergency	50.00	50.00	0.00	0	0
1738.	Standard Report 1 - Ambulatory Surgery	50.00	50.00	0.00	0	0
1739.	Hospital Financial Report	50.00	50.00	0.00	0	0
1740.	Special Reports	15.00	15.00	0.00	0	0
1741.	Special Data Request, per hour, (\$70 minimum)	55.00	55.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	<b>Other Fees</b>					
1742.	Data suppliers' special data request, per hour	35.00	35.00	0.00	0	0
1743.	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	0.00	0	0
	<b>Birth Certificate</b>					
1744.	Initial Copy	18.00	18.00	0.00	0	0
1745.	Additional Copies	8.00	8.00	0.00	0	0
1746.	Stillbirth	15.00	15.00	0.00	0	0
1747.	Affidavit	25.00	25.00	0.00	0	0
1748.	Heritage Birth Certificate	28.00	0.00	-28.00	0	0
1749.	Book Copy of Birth Certificate	21.00	21.00	0.00	0	0
1750.	Adoption	55.00	55.00	0.00	0	0
1751.	Expedite Fee	12.00	12.00	0.00	0	0
	<b>Death Certificate</b>					
1752.	Initial Copy	16.00	16.00	0.00	0	0
1753.	Additional Copies	8.00	8.00	0.00	0	0
1754.	Burial Transit Permit	7.00	7.00	0.00	0	0
1755.	Disinterment Permit	25.00	25.00	0.00	0	0
	<b>Specialized Services</b>					
1756.	Paternity Search, per hour (1 hour minimum)	16.00	16.00	0.00	0	0
1757.	Delayed Registration	55.00	55.00	0.00	0	0
1758.	Marriage and Divorce Abstracts	16.00	16.00	0.00	0	0
1759.	Legitimation	55.00	55.00	0.00	0	0
1760.	Adoption Registry	25.00	25.00	0.00	0	0
1761.	Adoption Expedite Fee	25.00	25.00	0.00	0	0
1762.	Death Research, per hour (1 hour minimum)	9.00	9.00	0.00	0	0
1763.	Court Order Name Changes	25.00	25.00	0.00	0	0
1764.	Court Order Paternity	55.00	55.00	0.00	0	0
1765.	On-line Access to Computerized Vital Records, per month	12.00	12.00	0.00	0	0
1766.	Ad-hoc Statistical Requests, per hour	45.00	45.00	0.00	0	0
	<b>Subtotal, Center for Health Data</b>					<b>\$0</b>
	<b>Health - Family Health and Preparedness - Children with Special Health Care Needs</b>					
	<b>Office Visit, New Patient</b>					
1767.	99201 Problem focused, straightforward	44.00	44.00	0.00	0	0
1768.	99202 Expanded problem, straightforward	76.00	76.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Office Visit, New Patient					
1769.	99203 Detailed, low complexity	112.00	112.00	0.00	0	0
1770.	99204 Comprehensive, Moderate complexity	172.00	172.00	0.00	0	0
1771.	99205 Comprehensive, high complexity	217.00	217.00	0.00	0	0
	Office Visit, Established Patient					
1772.	99211 Minimal Service or non-Medical Doctor	24.00	24.00	0.00	0	0
1773.	99212 Problem focused, straightforward	45.00	45.00	0.00	0	0
1774.	99213 Expanded problem, low complexity	74.00	74.00	0.00	0	0
1775.	99214 Detailed, moderate complexity	111.00	111.00	0.00	0	0
1776.	99215 Comprehensive, high complexity	151.00	151.00	0.00	0	0
	Office Consultation, New or Established Patient					
1777.	99241 Problem focused, straightforward	0.00	60.00	60.00	5	300
1778.	99242 Expanded problem focused, straightforward	110.00	110.00	0.00	0	0
1779.	99243 Detailed exam, low complexity	151.00	151.00	0.00	0	0
1780.	99244 Comprehensive, moderate complexity	223.00	223.00	0.00	0	0
1781.	99245 Comprehensive, high complexity	275.00	275.00	0.00	0	0
1782.	95974 Cranial Neurostimulation evaluation	160.00	160.00	0.00	0	0
1783.	99354 Prolonged, face to face, first hour	114.00	114.00	0.00	0	0
1784.	99355 Prolonged, face to face, additional 30 minutes	112.00	112.00	0.00	0	0
1785.	99358 Prolonged, non face to face, first hour	93.00	93.00	0.00	0	0
1786.	99359 Prolonged, non face to face, additional 30 minutes	51.00	51.00	0.00	0	0
1787.	T1013 Sign Language oral interview	10.00	13.00	3.00	10	30
	Nutrition					
1788.	97802 Medical Nutrition Assessment	22.00	22.00	0.00	0	0
1789.	97803 Nutrition Reassessment	22.00	22.00	0.00	0	0
	Psychology					
1790.	96101 Psychological Testing	136.00	136.00	0.00	0	0
1791.	96102 Psychological Testing by technician	0.00	65.00	65.00	10	650
1792.	96103 Psychological Testing with computer	0.00	60.00	60.00	1	60
1793.	96110 Developmental Testing	64.00	136.00	72.00	5	360
1794.	96111 Extended Developmental Testing	60.00	136.00	76.00	15	1,140
1795.	90801 Diagnostic Exam, per hour	160.00	160.00	0.00	0	0
1796.	90801-52 Diagnostic Exam, per hour, Reduced Procedures	80.00	80.00	0.00	0	0
1797.	90802 Interactive Psychiatric Exam	160.00	160.00	0.00	0	0
1798.	90804 Psychotherapy, face to face, 20-30 minutes	68.00	68.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Psychology					
1799.	90806 Psychotherapy, face to face, 50 minutes	130.00	130.00	0.00	0	0
1800.	90846 Family Medical Psychotherapy, 30 minutes	90.00	90.00	0.00	0	0
1801.	90847 Family Medical Psychotherapy, conjoint 30 minutes	130.00	130.00	0.00	0	0
1802.	90882 Environmental Intervention with Agencies, Employers, etc.	49.00	49.00	0.00	0	0
1803.	90882-52 Environmental Intervention Reduced Procedures	23.00	23.00	0.00	0	0
1804.	90885 Evaluation of hospital records	40.00	40.00	0.00	0	0
1805.	90889 Preparation of reports	40.00	40.00	0.00	0	0
	Physical and Occupational Therapy					
1806.	97001 Physical Therapy Evaluation	84.00	84.00	0.00	0	0
1807.	97002 Physical Therapy Re-evaluation	45.00	45.00	0.00	0	0
1808.	97003 Occupational Therapy Evaluation	90.00	90.00	0.00	0	0
1809.	97004 Occupational Therapy Re-evaluation	52.00	52.00	0.00	0	0
1810.	97110 Therapeutic Physical Therapy	33.00	33.00	0.00	0	0
1811.	97530 Therapeutic Activity	40.00	40.00	0.00	0	0
1812.	97535 Self Care Management	30.00	30.00	0.00	0	0
1813.	97760 Orthotic Management	38.00	38.00	0.00	0	0
1814.	97762 Orthotic/prosthetic Use Management	38.00	38.00	0.00	0	0
1815.	G9012 Wheelchair Measurement / Fitting	312.00	312.00	0.00	0	0
	Speech					
1816.	92506 Speech Basic Assessment	170.00	170.00	0.00	0	0
1817.	92506-22 Speech Assessment, unusual procedures	151.00	180.00	29.00	145	4,205
1818.	92506-52 Speech Assessment, reduced procedures	53.00	80.00	27.00	280	7,560
	Ophthalmology					
1819.	92002 Exam & Evaluation, intermediate, new patient	81.00	81.00	0.00	0	0
1820.	92012 Exam & evaluation, intermediate, established patient	85.00	85.00	0.00	0	0
1821.	92015 Determination of refractive state	51.00	51.00	0.00	0	0
	Audiology					
1822.	92285 Photoscreen	48.00	48.00	0.00	0	0
1823.	92551 Audiometry, Pure Tone Screen	33.00	33.00	0.00	0	0
1824.	92552 Audiometry, Pure Tone Threshold	36.00	36.00	0.00	0	0
1825.	92553 Audiometry, Air and Bone	44.00	44.00	0.00	0	0
1826.	92555 Speech Audiometry threshold testing	28.00	28.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
Audiology						
1827.	92556 Speech Audiometry threshold/speech recognition testing	40.00	40.00	0.00	0	0
1828.	92557 Basic Comprehension, Audiometry	80.00	80.00	0.00	0	0
1829.	92560 Bekesy Audiometry	18.00	0.00	-18.00	5	-90
1830.	92567 Tympanometry	26.00	26.00	0.00	0	0
1831.	92568 Acoustic reflex testing, threshold	0.00	45.00	45.00	1	45
1832.	92579 Visual reinforcement audiometry	57.00	57.00	0.00	0	0
1833.	92579-52 Visual reinforcement audiometry, limited	47.00	47.00	0.00	0	0
1834.	92582 Conditioning Play Audiometry	80.00	80.00	0.00	0	0
1835.	92585 Auditory Evoked Potentials testing	95.00	95.00	0.00	0	0
1836.	92587 Evoked Otoacoustic emissions testing	58.00	58.00	0.00	0	0
1837.	92590 Hearing Aid Exam	53.00	53.00	0.00	0	0
1838.	92591 Hearing Aid Exam, Binaural	108.00	108.00	0.00	0	0
1839.	92592-52 Hearing aid check, monaural	31.00	31.00	0.00	0	0
1840.	92593-52 Hearing aid check, binaural	44.00	44.00	0.00	0	0
1841.	92596 Ear Protector Evaluation	84.00	84.00	0.00	0	0
1842.	92596-52 Ear Mold, one ear	23.00	42.00	19.00	10	190
1843.	92620 Evaluation of Central Auditory Function	87.00	87.00	0.00	0	0
1844.	92621 Evaluation of Central Auditory function - each additional 15 minutes	0.00	22.00	22.00	5	110
1845.	V5008 Hearing Check, Patient Under 3 Years Old	38.00	38.00	0.00	0	0
1846.	V5257 Hearing Aid, Digital Monaural	550.00	550.00	0.00	0	0
1847.	V5261 Hearing Aid, Digital Binaural	1,100.00	1,100.00	0.00	0	0
1848.	V5264 Ear Mold Insert	42.00	42.00	0.00	0	0
1849.	V5266 Hearing Aid battery	1.00	1.00	0.00	0	0

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.

**BabyWatch / Early Intervention**

1850.	Monthly charges based on a sliding fee schedule from \$10.00 to \$100.00	0.00	0.00	0.00	0	0
1851.	Newborn Screening	0.00	0.00	0.00	0	0
State Lab Collects Fee this is Children with Special Health Care Needs Portion						
1852.	Newborn Hearing	0.00	0.00	0.00	0	0

State Lab Collects Fee this is Children with Special Health Care Needs Portion

Subtotal, Children with Special Health Care Needs

\$14,560

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
Health - Family Health and Preparedness - Emergency Medical Services						
Registration, Certification and Testing						
Certification Fee						
1853.	Initial Emergency Medical Responder and Emergency Medical Technician-Basic Quality Assurance Review Fee	30.00	30.00	0.00	0	0
1854.	Practical Quality Assurance Review Fee for Advanced Levels (Emergency Medical Technician-Intermediate, Emergency Medical Technician - Intermediate Advanced, and Paramedic)	30.00	30.00	0.00	0	0
1855.	Quality Assurance Review Fee for Emergency Medical Dispatcher certification	10.00	15.00	5.00	20	100
1856.	Recertification Fee	0.00	0.00	0.00	0	0
1857.	Practical Quality Assurance Review Fee	20.00	20.00	0.00	0	0
1858.	Lapsed Certification Fee	30.00	30.00	0.00	0	0
Registration, Certification and Testing						
Written Test Fee						
1859.	Basic Emergency Medical Technician Certification Written Test/Re-test Fee	0.00	0.00	0.00	0	0
1860.	All written tests, re-tests	20.00	20.00	0.00	0	0
Practical Test Fees						
Emergency Medical Responder						
1861.	Emergency Medical Responder Certification Practical Test	80.00	80.00	0.00	0	0
1862.	Emergency Medical Responder Certification Practical Re-Test (per station)	40.00	40.00	0.00	0	0
Emergency Medical Technician						
1863.	Basic Certification Practical Test	80.00	80.00	0.00	0	0
1864.	Basic Certification Practical Re-Test (per station)	40.00	40.00	0.00	0	0
1865.	Basic Recertification Practical Test	0.00	0.00	0.00	0	0
1866.	Basic Recertification/Reciprocity Practical Test	80.00	80.00	0.00	0	0
1867.	Basic Recert/Recip Practical Re-Test, Medical Scenario	40.00	40.00	0.00	0	0
1868.	Basic Recert/Recip Practical Re-Test, Trauma Scenario	40.00	40.00	0.00	0	0
1869.	Intermediate Practical Test Fee	80.00	80.00	0.00	0	0
1870.	Intermediate Practical Re-test Fee per station	40.00	40.00	0.00	0	0
1871.	Intermediate Advanced Practical Test Fee	100.00	100.00	0.00	0	0
1872.	Intermediate Advanced Practical Retest per station	50.00	50.00	0.00	0	0
1873.	Paramedic Practical Initial and Reciprocity Test	200.00	200.00	0.00	0	0
1874.	Paramedic Practical Reciprocity retest per station	70.00	70.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Annual Quality Assurance Review Fee, per vehicle					
1875.	Ground Ambulance, Basic	100.00	100.00	0.00	0	0
1876.	Ground Ambulance, Intermediate	130.00	130.00	0.00	0	0
1877.	Interfacility Transfer Ambulance, Basic	100.00	100.00	0.00	0	0
1878.	Interfacility Transfer Ambulance, Intermediate	130.00	130.00	0.00	0	0
1879.	Paramedic Rescue	165.00	165.00	0.00	0	0
1880.	Paramedic Tactical Response	165.00	165.00	0.00	0	0
1881.	Paramedic Ambulance	170.00	170.00	0.00	0	0
1882.	Paramedic Interfacility Transfer Service	170.00	170.00	0.00	0	0
1883.	Fleet fee (agency with 20 or more vehicles)	3,200.00	3,200.00	0.00	0	0
1884.	Quick Response Unit, Basic	65.00	65.00	0.00	0	0
1885.	Quick Response Unit, Intermediate	65.00	65.00	0.00	0	0
1886.	Advanced Air Ambulance	130.00	130.00	0.00	0	0
1887.	Specialized Air Ambulance	165.00	165.00	0.00	0	0
1888.	Emergency Medical Dispatch Center, per center	65.00	65.00	0.00	0	0
1889.	Resource Hospital, per hospital	65.00	65.00	0.00	0	0
1890.	Out of State Air Ambulance	200.00	200.00	0.00	0	0
	Quality Assurance Application Reviews					
1891.	Original Ground Ambulance/Paramedic License Negotiated	650.00	650.00	0.00	0	0
1892.	Original Ambulance/Paramedic License Contested - up to actual cost	0.00	0.00	0.00	0	0
1893.	Original Designation	125.00	125.00	0.00	0	0
1894.	Renewal Ambulance/Paramedic/Air License	125.00	125.00	0.00	0	0
1895.	Renewal Designation	125.00	125.00	0.00	0	0
1896.	Upgrade in Ambulance Service Level	125.00	125.00	0.00	0	0
1897.	Original Air Ambulance License	650.00	650.00	0.00	0	0
1898.	Original Air Ambulance License with Commission on Accreditation of Medical Transport Services Certification	250.00	250.00	0.00	0	0
1899.	Change in ownership/operator, non-contested	650.00	650.00	0.00	0	0
1900.	Change in ownership/operator, contested up to actual cost	0.00	0.00	0.00	0	0
1901.	Change in geographic service area, non-contested	650.00	650.00	0.00	0	0
1902.	Change in geographic service area, contested up to actual cost	0.00	0.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Voluntary Trauma Center Designation - Level I, II, III, IV, and V					
1903.	Site Team Initial Verification/Quality Assurance Review	3,000.00	3,000.00	0.00	0	0
1904.	Re-Designation Quality Assurance Review	2,500.00	2,500.00	0.00	0	0
1905.	Designation Consultation Quality Assurance Review	500.00	500.00	0.00	0	0
1906.	Focused Quality Assurance Review	1,500.00	1,500.00	0.00	0	0
	Quality Assurance Course Review Fee					
1907.	Emergency Medical Responder Course	125.00	125.00	0.00	0	0
1908.	Basic Emergency Medical Technician Course	125.00	125.00	0.00	0	0
1909.	Paramedic Course	125.00	125.00	0.00	0	0
1910.	Emergency Medical Technician-Intermediate Advanced Course	125.00	125.00	0.00	0	0
1911.	Emergency Medical Technician-Intermediate Course	125.00	125.00	0.00	0	0
1912.	Emergency Medical Dispatch Course	35.00	35.00	0.00	0	0
1913.	Course Quality Assurance Review Late Fee (less than 30 days)	25.00	25.00	0.00	0	0
1914.	Emergency Medical Services Training & Testing Agency Designation	125.00	125.00	0.00	0	0
1915.	New Instructor Course Registration	150.00	150.00	0.00	0	0
1916.	New Instructor Course Registration Late Fee	25.00	25.00	0.00	0	0
1917.	Course Coordinator Seminar Registration	50.00	50.00	0.00	0	0
1918.	Course Coordinator Seminar Registration Late Fee	25.00	25.00	0.00	0	0
1919.	New Course Coordinator Course Registration	50.00	50.00	0.00	0	0
1920.	New Course Coordinator Course Registration Late Fee	25.00	25.00	0.00	0	0
1921.	Instructor Seminar Registration	150.00	150.00	0.00	0	0
1922.	Instructor Seminar Registration Late Fee	25.00	25.00	0.00	0	0
1923.	Instructor Seminar Vendor Fee	200.00	200.00	0.00	0	0
1924.	New Training Officer Course Registration	50.00	50.00	0.00	0	0
1925.	New Training Officer Course Registration Late Fee	25.00	25.00	0.00	0	0
1926.	Training Officer Seminar Registration	50.00	50.00	0.00	0	0
1927.	Training Officer Seminar Registration Late Fee	25.00	25.00	0.00	0	0
1928.	Emergency Vehicle Operations Instructor Course	40.00	40.00	0.00	0	0
1929.	Medical Director's Course	50.00	50.00	0.00	0	0
1930.	Pediatric Advanced Life Support Course	60.00	60.00	0.00	0	0
1931.	Pediatric Education for Prehospital Professionals Course	60.00	60.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Quality Assurance Course Review Fee					
1932.	Management Seminar	50.00	50.00	0.00	0	0
1933.	Prehospital Trauma Life Support Course	175.00	175.00	0.00	0	0
	Equipment delivery fee					
1934.	Salt Lake County	25.00	25.00	0.00	0	0
1935.	Davis, Utah, and Weber Counties	50.00	50.00	0.00	0	0
1936.	Late Fee, per day	10.00	10.00	0.00	0	0
	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 \$0.10 (computed quarterly) Free On Board Salt Lake City, Utah.					
1937.	Background checks (name only)	30.00	30.00	0.00	0	0
1938.	Fingerprint cards or electronic transmission	50.00	65.00	15.00	700	10,500
	Data					
1939.	Pre-hospital Data (academic, non-profit, and other government users)	800.00	800.00	0.00	0	0
1940.	Pre-hospital Data (for-profit users)	1,600.00	1,600.00	0.00	0	0
1941.	Trauma Registry Data (academic, non-profit, and other government users)	800.00	800.00	0.00	0	0
1942.	Trauma Registry Data (for-profit users)	1,600.00	1,600.00	0.00	0	0
	EMS Grants Program Criminal Fines and Surcharges					
1943.	EMS Grants Program Criminal Fines and Surcharges per 63-63a-3	3,500,000.00	3,500,000.00	0.00	0	0
	Subtotal, Emergency Medical Services					\$10,600
	Health - Family Health and Preparedness - Facility Licensure, Certification, and Resident Assessment					
	Annual License Fees					
1944.	Health Facilities base fee	260.00	260.00	0.00	0	0
	A base fee for health facilities of \$260.00 plus the appropriate fee as indicated below applies to any new or renewal license.					
	Two Year Licensing Base Fees					
	Plus the appropriate fee as listed below to any new or renewal license					
1945.	Health Care Facility, every other year	520.00	520.00	0.00	0	0
	Health Care Providers					
	Change Fee					
1946.	Health Care Providers	130.00	130.00	0.00	0	0
	A fee of \$130.00 is charged to health care providers making changes to their existing license.					
	Hospitals:					
1947.	Hospital Licensed Bed	39.00	39.00	0.00	0	0
1948.	Non-accredited beds	39.00	0.00	-39.00	0	0
1949.	Nursing Care Facilities, and Small Health Care Facilities Licensed Bed	31.20	31.20	0.00	0	0
1950.	Residential Treatment Facilities Licensed Bed	26.00	26.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
<b>Two Year Licensing Base Fees</b>						
1951.	End Stage Renal Disease Centers Licensed Station	182.00	182.00	0.00	0	0
1952.	Freestanding Ambulatory Surgery Centers (per facility)	2,990.00	2,990.00	0.00	0	0
1953.	Birthing Centers, and Abortion Clinics: (per licensed unit)	520.00	520.00	0.00	0	0
1954.	Hospice Agencies	1,495.00	1,495.00	0.00	0	0
1955.	Home Health Agencies/Personal Care Agencies	1,495.00	1,495.00	0.00	0	0
1956.	Mammography Screening Facilities	520.00	520.00	0.00	0	0
1957.	Assisted Living Facilities Type I - per Licensed Bed	26.00	26.00	0.00	0	0
1958.	Assisted Living Facilities Type II - per Licensed Bed	26.00	26.00	0.00	0	0
1959.	The fee for each satellite and branch office of current licensed facility	260.00	260.00	0.00	0	0
1960.	Background Checks	13.00	13.00	0.00	0	0
1961.	Late Fee	0.00	0.00	0.00	0	0
	Licensed 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 are not received by the license expiration date.					
1962.	Within 1 to 14 days after expiration of license facility will be assessed 50% of scheduled fee	0.00	0.00	0.00	0	0
1963.	Within 15 to 30 days after expiration of license facility will be assessed 75% of scheduled fee	0.00	0.00	0.00	0	0
1964.	New Provider/Change in Ownership Applications for health care facilities	747.50	747.50	0.00	0	0
	A \$747.50 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.					
1965.	Assisted Living and Small Health Care Type-N (nursing focus) Limited Capacity/Change of Ownership Applications:	325.00	325.00	0.00	0	0
	A \$325.00 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.					
	<b>Application Termination or Delay Fee</b>					
	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:					
1966.	Policy and Procedure Review-50% of total fee	0.00	0.00	0.00	0	0
1967.	Onsite inspections-90% of the total fee.	0.00	0.00	0.00	0	0
	<b>Plan Review and Inspection Fees</b>					
	<b>Hospitals:</b>					
	<b>Number of Beds</b>					
1968.	Up to 16	3,445.00	3,445.00	0.00	0	0
1969.	17 to 50	6,890.00	6,890.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
Plan Review and Inspection Fees						
Hospitals:						
Number of Beds						
1970.	51 to 100	10,335.00	10,335.00	0.00	0	0
1971.	101 to 200	12,870.00	12,870.00	0.00	0	0
1972.	201 to 300	15,470.00	15,470.00	0.00	0	0
1973.	301 to 400	17,192.50	17,192.50	0.00	0	0
1974.	Over 400, base fee	17,192.50	17,192.50	0.00	0	0
1975.	Over 400, each additional bed	37.70	37.70	0.00	0	0
<p style="text-align: center;">In the case of complex or unusual hospital plans, the Bureau 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.</p>						
Nursing Care Facilities and Small Health Care Facilities						
1976.	Number of beds - up to 5	1,118.00	1,118.00	0.00	0	0
1977.	Number of beds - 6 to 16	1,716.00	1,716.00	0.00	0	0
1978.	Number of beds - 17 to 50	3,900.00	3,900.00	0.00	0	0
1979.	Number of beds - 51 to 100	6,890.00	6,890.00	0.00	0	0
1980.	Number of beds - 101 to 200	8,580.00	8,580.00	0.00	0	0
1981.	Freestanding Ambulatory Surgical Facilities, per operating room	1,722.50	1,722.50	0.00	0	0
1982.	Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit	442.00	442.00	0.00	0	0
1983.	End Stage Renal Disease Facilities, per service unit	175.50	175.50	0.00	0	0
Assisted Living Type I and Type II						
Number of Beds						
1984.	Up to 5	598.00	598.00	0.00	0	0
1985.	6 to 16	1,196.00	1,196.00	0.00	0	0
1986.	17 to 50	2,762.50	2,762.50	0.00	0	0
1987.	51 to 100	5,167.50	5,167.50	0.00	0	0
1988.	101 to 200	7,247.50	7,247.50	0.00	0	0
<p style="text-align: center;">Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$559.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative.</p>						
1989.	Remodels of Licensed Facilities	0.00	0.00	0.00	0	0
<p style="text-align: center;">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.</p>						
1990.	Hospitals, Freestanding Surgery Facilities, per square foot	.29	.29	0.00	0	0
1991.	All others excluding Home Health Agencies, per square foot	.25	.25	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Plan Review and Inspection Fees						
Remodels of Licensed Facilities						
1992.	Each additional required on-site inspection	559.00	559.00	0.00	0	0
1993.	Other Plan-Review Fee Policies	0.00	0.00	0.00	0	0
<p>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 \$559.00 per inspection, 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. Fifty-two cents per square foot will be charged for review of facility additions or remodels that house special equipment such as CAT (Computer Assisted Tomography) 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.</p> <p>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.</p>						
1994.	Health Care Facility Licensing Rules - Cost plus mailing	0.00	0.00	0.00	0	0
Certificate of Authority -						
1995.	Health Maintenance Organization Review of Application	650.00	650.00	0.00	0	0
Subtotal, Facility Licensure, Certification, and Resident Assessment						\$0
Health - Family Health and Preparedness - Child Care Licensing						
Annual License Fees						
1996.	Annual Licensed Child Care Facility Base Fee	25.00	25.00	0.00	0	0
1997.	Annual Residential Child Care Certificate Base Fee	25.00	25.00	0.00	0	0
Plus the appropriate fee as listed below to any new or renewal license						
1998.	Change in license or certificate during the license period more than twice a year.	25.00	25.00	0.00	0	0
1999.	Child Care Center Facilities Per Child fee	1.50	1.50	0.00	0	0
2000.	Late Fee	0.00	0.00	0.00	0	0
<p>Licensed or certified child care 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 are not received by the license expiration date.</p>						
2001.	Within 1 to 30 days after expiration of license facility will be assessed 50% of scheduled fee.	12.50	12.50	0.00	0	0
2002.	New Provider/Change in Ownership Applications for Child Care center facilities	200.00	200.00	0.00	0	0
<p>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.</p>						
2003.	Fee for non-compliant facilities and additional inspections for non-compliant facilities	25.00	25.00	0.00	0	0
2004.	Child care program fees are not refundable.	0.00	0.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
2005.	Child Care Licensing Rules - Cost plus mailing	0.00	0.00	0.00	0	0
	(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.)					
	Subtotal, Child Care Licensing					\$0
Health - Disease Control and Prevention - Director's Office						
Laboratory General						
2006.	Expert Testimony Fee (Portal to Portal), per hour for those without a Phd/MD	78.75	78.75	0.00	0	0
	Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.					
2007.	Expert Testimony Fee (Portal to Portal), per hour for those with a Phd/MD	0.00	250.00	250.00	0	0
	Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.					
Administrative retrieval and copy fee						
2008.	1-15 copies	20.00	20.00	0.00	0	0
2009.	each additional copy	1.00	1.00	0.00	0	0
GRAMA Request Administrative Fee						
2010.	1-15 copies	25.00	25.00	0.00	0	0
2011.	each additional copy	1.00	1.00	0.00	0	0
	Subtotal, Director's Office					\$0
Health - Disease Control and Prevention - Microbiology						
Immunology						
2012.	Under certain conditions of public health import (e.g., disease outbreak, terrorist event, or environmental catastrophe) fees may be reduced or waived.	0.00	0.00	0.00	0	0
2013.	Hepatitis B Surface Antigen (HBsAg)	12.00	12.00	0.00	0	0
2014.	Hepatitis B Surface Antibody (HBsAb)	18.40	18.40	0.00	0	0
2015.	Hepatitis C (HVC) Antibody	22.00	22.00	0.00	0	0
2016.	HIV-1/2 and O (Human Immunodeficiency Virus-1) - Antibody	15.75	15.75	0.00	0	0
2017.	HIV-1/2 and O (Human Immunodeficiency Virus-1) - Confirmation (Western Blot Serum), WB only, reactive EIA not required	66.00	66.00	0.00	0	0
	(Note: this is for a Western Blot only, a reactive Enzyme Immunoassay is not required)					
2018.	HIV-1/2 and O (Human Immunodeficiency Virus-1) - Orasure	15.75	15.75	0.00	0	0
2019.	HIV-1/2 and O (Human Immunodeficiency Virus-1) - Orasure Confirmation by (Western Blot)	78.00	78.00	0.00	0	0
2020.	Hantavirus	48.00	48.00	0.00	0	0
2021.	Syphilis RPR (Rapid Plasma Reagin)	9.00	9.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	<b>Immunology</b>					
2022.	Syphilis FTA (Fluorescent Treponemal Antibody)	13.00	13.00	0.00	0	0
2023.	Human Immunodeficiency Virus - testimony per hour	105.00	105.00	0.00	0	0
2024.	Chain of Custody sample surcharge	20.00	20.00	0.00	0	0
2025.	Samples for research	20.00	0.00	-20.00	0	0
2026.	Sample for Research Involving Pulse Field Gel Electrophoresis Data	23.00	0.00	-23.00	0	0
	<b>Virology</b>					
2027.	Herpes culture screen	12.60	12.60	0.00	0	0
2028.	Herpes Typing	19.00	19.00	0.00	0	0
2029.	Rabies (mice, squirrels, rodents, horses, etc.)	85.00	85.00	0.00	0	0
2030.	Rabies (human)	0.00	85.00	85.00	0	0
2031.	Cytomegalovirus (CMV) culture	15.00	15.00	0.00	0	0
2032.	Chlamydia (CT) unpooled amplified test	24.15	24.15	0.00	0	0
2033.	Gonorrhea (GC) unpooled amplified test	24.15	24.15	0.00	0	0
2034.	Gonorrhea and Chlamydia (GC & CT) unpooled amplified test	24.15	24.15	0.00	0	0
2035.	DFA (Direct Fluorescent Antibody) for Respiratory Illness	15.00	15.00	0.00	0	0
2036.	DFA (Direct Fluorescent Antibody) for Chicken Pox	15.00	15.00	0.00	0	0
2037.	Respiratory Virus Culture	40.00	40.00	0.00	0	0
	<b>Bacteriology</b>					
	<b>Clinical</b>					
2038.	Tuberculosis (bone marrow and blood samples only)	25.00	25.00	0.00	0	0
2039.	Direct Tuberculosis test	336.00	336.00	0.00	0	0
2040.	Mycobacteria Identification	128.00	128.00	0.00	0	0
2041.	Culture for Mycobacteria	0.00	50.00	50.00	40	2,000
2042.	Culture of Organism	20.00	20.00	0.00	0	0
2043.	Culture of Organism Special Media	25.00	25.00	0.00	0	0
2044.	Escherichia Coli STEC (Shigotoxin E. Coli) Shiga Toxin Producing Escherichia Coli	75.00	75.00	0.00	0	0
2045.	Botulism Culture & Toxin (Stool)	400.00	400.00	0.00	0	0
2046.	Botulism Toxin Characterization (Stool)	210.00	210.00	0.00	0	0
2047.	Botulism Culture Characterization (Serum)	184.00	184.00	0.00	0	0
2048.	Legionella Culture & Identification / Sample	36.75	36.75	0.00	0	0
2049.	Giardia/Cryptosporidium EIA (Enzyme Immunoassay)	30.00	30.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	<b>Bacteriology</b>					
	<b>Clinical</b>					
2050.	ID (Identification) by Sequencing	136.50	136.50	0.00	0	0
2051.	Quantiferon	42.00	42.00	0.00	0	0
	<b>Food Microbiology</b>					
2052.	Total and fecal coliform	26.25	26.25	0.00	0	0
2053.	Plate count, per dilution	17.85	17.85	0.00	0	0
2054.	pH (Test of acidity or alkalinity) and water activity	50.00	50.00	0.00	0	0
2055.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus culture	90.00	90.00	0.00	0	0
2056.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus toxin assay	320.00	320.00	0.00	0	0
2057.	Salmonella isolation and speciation	231.00	231.00	0.00	0	0
2058.	Shigella isolation and speciation	57.75	57.75	0.00	0	0
2059.	Campylobacter isolation and speciation	73.50	73.50	0.00	0	0
2060.	Listeria isolation and speciation	157.50	157.50	0.00	0	0
2061.	Escherichia Coli O157:H7 or Shigatoxin producing organism workup	150.00	150.00	0.00	0	0
2062.	Botulism toxin assay one food	800.00	800.00	0.00	0	0
	<b>Botulism toxin assay</b>					
2063.	Botulism toxin assay each additional food item, multiple submission	21.00	21.00	0.00	0	0
2064.	Environmental swab	21.00	21.00	0.00	0	0
2065.	Coliform count	26.25	26.25	0.00	0	0
	<b>Newborn Screening:</b>					
2066.	Routine first and follow-up screening	93.00	93.00	0.00	0	0
2067.	Diet Monitoring	7.70	7.70	0.00	0	0
	<b>Molecular Biology</b>					
2068.	Bordetella pertussis by PCR (Polymerase Chain Reaction)	45.00	45.00	0.00	0	0
2069.	Norwalk Virus by PCR (Polymerase Chain Reaction)	150.00	150.00	0.00	0	0
2070.	Norwalk Virus by Polymerase Chain Reaction (4 or more samples)	75.00	75.00	0.00	0	0
	Price for one sample is \$75.00 if at least 4 samples are submitted					
2071.	Multi-Orthopox by PCR (Polymerase Chain Reaction)	180.00	180.00	0.00	0	0
2072.	Small Pox only, Rule-in by PCR (Polymerase Chain Reaction)	78.75	78.75	0.00	0	0
2073.	VZV (Varicella Zoster Virus) Chicken Pox by PCR (Polymerase Chain Reaction)	78.75	78.75	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Bacteriology					
	Molecular Biology					
2074.	Influenza A & B by PCR (Polymerase Chain Reaction)	78.75	78.75	0.00	0	0
2075.	Influenza A subtyping for H1, H3, H5	183.75	183.75	0.00	0	0
2076.	Influenza A subtyping for 2009-H1N1 (Novel)	183.75	183.75	0.00	0	0
2077.	WNV/SLE/WEE by PCR (West Nile Virus/Saint Louis Encephalitis/Western Equine Encephalitis) by Polymerase Chain Reaction	78.75	78.75	0.00	0	0
2078.	Human WNV (West Nile Virus) IgM enzyme Linked, Immunosorbent Assay serum (Immunoglobulin M screened by Epidemiology) (screened by EPI)	50.00	50.00	0.00	0	0
2079.	Human WNV (West Nile Virus) IgM Immunoglobulin M (not screened by Epidemiology)	85.00	85.00	0.00	0	0
2080.	Pulse Field Gel Electrophoresis	0.00	33.00	33.00	0	0
2081.	Research Multiplex Viral Respiratory Panel	760.00	760.00	0.00	0	0
	Has 12 Viruses					
	Bioterrorism (non-Epidemiology Screened)					
2082.	Stat Environmental and/or Powder by molecular methods (all agents)	1,200.00	1,200.00	0.00	0	0
	all agents by molecular methods					
2083.	Non-Stat Environmental and/or Powder by Culture only (all agents)	31.50	31.50	0.00	0	0
2084.	Non-Stat Environmental and/or Powder Ricin & Staph enterotoxin B	120.00	120.00	0.00	0	0
2085.	Stat Work-up for one BT (Bioterrorism) agent-Molecular Method (per agent)	68.25	68.25	0.00	0	0
	Rush testing fees - added to cost of performing test					
2086.	Microbiology Testing <1 week	0.00	50.00	50.00	0	0
	Testimony Fees					
2087.	Expert Testimony Fee (Portal to Portal), per hour for those without a Phd/MD	0.00	78.75	78.75	2	158
	Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.					
2088.	Expert Testimony Fee (Portal to Portal), per hour for those with a Phd/MD	0.00	250.00	250.00	0	0
	Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.					
	Administrative retrieval and copy fees					
2089.	1 - 15 copies	0.00	20.00	20.00	12	240
2090.	Each additional copy	0.00	1.00	1.00	9	9

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	GRAMA request administrative retrieval and copy fees					
2091.	1 - 15 copies	0.00	25.00	25.00	10	250
2092.	Each additional copy	0.00	1.00	1.00	7	7
	Handling Fees (per sample)					
2093.	Priority Handling of Samples (Surcharge) Minimum charge	0.00	11.00	11.00	0	0
	Bacteriology					
2094.	Micro GRAMA Request (1-10 pages)	50.00	50.00	0.00	0	0
	Subtotal, Microbiology					\$2,664
	Health - Disease Control and Prevention - Epidemiology					
	Utah Statewide Immunization Information System (USIIS)					
	Non-Financial Contributing Partners					
2095.	Match on Immunization Records in Database, per record	12.00	12.00	0.00	0	0
2096.	File Format Conversion, per hour	30.00	30.00	0.00	0	0
	Financial Contributing Partners					
2097.	Match on Immunization Records in Database, per record	12.00	12.00	0.00	0	0
	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.					
2098.	Notification and post-test counseling of patients involved in an emergency medical services body fluid exposure - Cost Recovery	0.00	0.00	0.00	0	0
2099.	Counseling of an individual with a positive Human Immunodeficiency Virus antibody test - Cost Recovery	0.00	0.00	0.00	0	0
2100.	Notification of an individual with a negative Human Immunodeficiency Virus antibody test in person.	15.00	15.00	0.00	0	0
2101.	Fundamentals of Human Immunodeficiency Virus Prevention Counseling Workshops	385.00	385.00	0.00	0	0
2102.	Positive/OraQuick/Partner Counseling and Referral Services Workshop	450.00	450.00	0.00	0	0
	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome education presentations					
2103.	Human Immunodeficiency Virus 101	40.00	40.00	0.00	0	0
2104.	Tuberculosis Skin Testing (placement and reading)	15.00	15.00	0.00	0	0
	Subtotal, Epidemiology					\$0
	Health - Disease Control and Prevention - Chemical and Environmental Services					
2105.	Under certain conditions of public health import (e.g., disease outbreak, terrorist event, or environmental catastrophe) fees may be reduced or waived.	0.00	0.00	0.00	0	0
2106.	Environmental Testing (48 hours turn around time)	0.00	0.00	0.00	0	0
	twice the listed fee will be charged when a 48 hour turn around time is requested					

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Drinking Water Tests					
2107.	Lead and Copper (Type Metals-8) 200.8	30.90	30.90	0.00	0	0
2108.	Bromide 300.0	27.50	27.50	0.00	0	0
2109.	Bromate 300.0	55.00	55.00	0.00	0	0
2110.	Chlorate 300.0	55.00	55.00	0.00	0	0
2111.	Chlorite 300.0	55.00	55.00	0.00	0	0
2112.	Ion Chromatography (multiple ions) 300.0	63.00	63.00	0.00	0	0
2113.	Ultraviolet Absorption Standard Method 5910B	33.00	33.00	0.00	0	0
2114.	Total Organic Carbon Standard Method 5310B	22.00	22.00	0.00	0	0
	Drinking Water Inorganic Tests:					
2115.	Nitrate + 353.2	13.20	0.00	-13.20	0	0
2116.	Nitrite 353.2	22.00	0.00	-22.00	0	0
	Drinking Water Organic Contaminants:					
2117.	Trihalomethanes Environmental Protection Agency Method 524.2	82.70	82.70	0.00	0	0
2118.	Maximum Total Potential Trihalomethanes Method 524.2	88.20	88.20	0.00	0	0
2119.	Haloacetic Acids Method 6251B	165.00	165.00	0.00	0	0
2120.	Volatile Organic Carbons (Unregulated List 1 & List 3) Environmental Protection Agency 524.2	209.00	209.00	0.00	0	0
2121.	Pesticides Phase II/V Semi Volatile Organic Analytes & Pesticide 4 methods	919.00	919.00	0.00	0	0
2122.	Pesticides Phase II / V 3 methods	787.50	787.50	0.00	0	0
2123.	Pesticide Environmental Protection Agency 508.1	162.25	162.25	0.00	0	0
2124.	Pesticide Environmental Protection Agency 525.2	367.50	367.50	0.00	0	0
2125.	Herbicide Environmental Protection Agency 515.1	210.00	210.00	0.00	0	0
2126.	Carbamate Environmental Protection Agency 531.1	210.00	210.00	0.00	0	0
2127.	Environmental Protection Agency 508A Total Polychlorinated Biphenyls	210.00	210.00	0.00	0	0
2128.	Total Organic Carbon Standard Method 5310B	22.00	22.00	0.00	0	0
2129.	Dissolved Organic Chemicals	31.50	31.50	0.00	0	0
2130.	Inorganics Tests (per sample for preconcentration)	16.50	16.50	0.00	0	0
2131.	Maximum-Halo Acetic acid	173.00	173.00	0.00	0	0
	Inorganic and Metals Water Tests					
2132.	Alkalinity (Total) Standard Method 2320B	10.00	10.00	0.00	0	0
2133.	Aluminum 200.8	18.75	18.75	0.00	0	0
2134.	Ammonia 350.3	22.00	22.00	0.00	0	0
2135.	Antimony 200.8	18.75	18.75	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Inorganic and Metals Water Tests					
2136.	Arsenic 200.8	18.75	18.75	0.00	0	0
2137.	Barium 200.8	13.25	13.25	0.00	0	0
2138.	Beryllium 200.8	13.25	13.25	0.00	0	0
2139.	Biochemical Oxygen Demand (BOD) 5 day test 405.1	33.00	33.00	0.00	0	0
2140.	Boron 200.7	13.25	13.25	0.00	0	0
2141.	Cadmium 200.8	18.75	18.75	0.00	0	0
2142.	Calcium 200.7	13.25	13.25	0.00	0	0
2143.	Chromium 200.8	18.75	18.75	0.00	0	0
2144.	Chromium (Hexavalent) SD 3500CD - CR6	27.50	27.50	0.00	0	0
2145.	Chloride 325.1	8.90	8.90	0.00	0	0
2146.	Chloride (Ion Chromatography) Environmental Protection Agency 300.0	33.00	33.00	0.00	0	0
2147.	Chlorophyll A Standard Method 10200H - Chlorophyll-A	22.00	22.00	0.00	0	0
2148.	Chemical Oxygen Demand (COD) 410.4	22.00	22.00	0.00	0	0
2149.	Color 110.2	22.00	22.00	0.00	0	0
2150.	Copper 200.8	13.25	13.25	0.00	0	0
2151.	Cyanide 335.4	50.00	50.00	0.00	0	0
2152.	Fluoride Standard Method 4500C - F (Fluoride test)	15.00	15.00	0.00	0	0
2153.	Iron 200.1	13.25	13.25	0.00	0	0
2154.	Langlier Index (Calculation: pH (Test acidity or alkalinity), calcium, TDS (Total Dissolved Solids), alkalinity)	5.50	5.50	0.00	0	0
2155.	Lead 200.8	18.75	18.75	0.00	0	0
2156.	Magnesium Environmental Protection Agency 200.7	16.50	16.50	0.00	0	0
2157.	Manganese 200.8	13.25	13.25	0.00	0	0
2158.	Mercury 200.8	27.50	27.50	0.00	0	0
2159.	Mercury in Fish	52.50	52.50	0.00	0	0
2160.	Molybdenum 200.8	13.25	13.25	0.00	0	0
2161.	Nickel 200.8	18.75	18.75	0.00	0	0
2162.	Nitrite 353.2	22.00	22.00	0.00	0	0
2163.	Nitrate plus Nitrite Environmental Protection Agency 353.2	13.25	13.25	0.00	0	0
2164.	Odor 140.1	27.50	27.50	0.00	0	0
2165.	Perchlorate 314.0	55.00	55.00	0.00	0	0
2166.	Taste and Odor Method 525.2	183.75	183.75	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
Inorganic and Metals Water Tests						
2167.	pH (Test of acidity or alkalinity) 150.1	11.00	11.00	0.00	0	0
2168.	Phosphate, ortho 365.1	22.00	22.00	0.00	0	0
2169.	Phosphorus, Dissolved 365.1	20.00	20.00	0.00	0	0
2170.	Phosphorus, Total 365.1	20.00	20.00	0.00	0	0
2171.	Potassium 200.7	13.25	13.25	0.00	0	0
2172.	Selenium 200.8	18.75	18.75	0.00	0	0
2173.	Selenium/Hydride - Atomic Absorption	42.00	42.00	0.00	0	0
2174.	Silica 370.1	16.50	16.50	0.00	0	0
2175.	Silver 200.8	18.75	18.75	0.00	0	0
2176.	Sodium 200.7	13.25	13.25	0.00	0	0
2177.	Solids, Total Dissolved (TDS) Standard Method 3540C	16.50	16.50	0.00	0	0
2178.	Solids, Total Suspended (TSS) 160.2	14.35	14.35	0.00	0	0
2179.	Solids, Settable (SS) 160.5	14.35	14.35	0.00	0	0
2180.	Solids, Total Volatile 160.4	16.50	16.50	0.00	0	0
2181.	Solids, Percent	14.35	14.35	0.00	0	0
2182.	Solids, Residual Suspended 160.1	27.50	27.50	0.00	0	0
2183.	Specific Conductance 120.1	10.00	10.00	0.00	0	0
2184.	Surfactants Standard Method 5540C	66.00	66.00	0.00	0	0
2185.	Sulfate 300.0 375.2	16.50	16.50	0.00	0	0
2186.	Sulfide 376.2	44.00	44.00	0.00	0	0
2187.	Thallium 200.8	18.75	18.75	0.00	0	0
2188.	Tin 200.7	18.75	18.75	0.00	0	0
2189.	Turbidity 180.1	11.00	11.00	0.00	0	0
2190.	Vanadium 200.8	13.25	13.25	0.00	0	0
2191.	Zinc 200.8	13.25	13.25	0.00	0	0
2192.	Zirconium 200.8	18.75	18.75	0.00	0	0
Inorganic Chemistry Groups:						
2193.	Type Chemistry-2 - Partial Chemistry (12 Major Anions/Cations)	85.00	85.00	0.00	0	0
2194.	Type C-9 Annual Inorganic Tests (18 parameters)	276.00	276.00	0.00	0	0
New Drinking Water Sources TYPE Public Water-7						
2195.	(Total Inorganic Chemistry - 46 parameters)	780.00	780.00	0.00	0	0
Metals Tests Groups:						
2196.	Hazardous Waste, Solids, Sediment, Soil	17.70	17.70	0.00	0	0
2197.	Sample preparation	22.00	22.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
Metals Tests Groups:						
2198.	Type Filter Metal-3 - Dissolved metals (12 20 Metals - No Digestion)	160.00	160.00	0.00	0	0
2199.	Type Filter Metal-4 Surface Water Filtered (minerals and hardness)	50.00	50.00	0.00	0	0
2200.	Type Metal-9 Surface Water (5 metals)	92.00	92.00	0.00	0	0
2201.	Type Metal-7 - Total Metals In Water (12 13 Metals - Digested)	215.00	215.00	0.00	0	0
Nutrient Tests Groups:						
2202.	Type Nutrient-2 Surface Water (totals) (2 tests)	36.75	36.75	0.00	0	0
2203.	Type Nutrient-3 Surface Water (totals) (3 tests)	50.00	50.00	0.00	0	0
2204.	Type Nutrient-4 Surface Water (totals) (3 tests)	45.00	45.00	0.00	0	0
2205.	Type Nutrient-6 Surface Water (totals) (2 tests)	28.00	28.00	0.00	0	0
2206.	Filter Nutrient-9 Type 9 - 4 parameters	30.00	30.00	0.00	0	0
Hazardous Waste Organics Tests						
2207.	BTEXN (Benzene, Toluene, Ethylbenzene, Xylene, Napthalene)	83.00	83.00	0.00	0	0
2208.	Environmental Protection Agency 8020 (BTEXN soil) (Benzene, Toluene, Ethylbenzene, Xylene, Napthalene soil)	83.00	83.00	0.00	0	0
2209.	Chlorinated Pesticides (Soil) 8082	220.00	220.00	0.00	0	0
2210.	Chlorinated Acid Herbicides (Soil) 8150	331.00	331.00	0.00	0	0
2211.	Environmental Protection Agency 8270 Semi Volatiles	472.50	472.50	0.00	0	0
2212.	Environmental Protection Agency 8260 VOCs (Volatile Organic Compounds)	220.50	220.50	0.00	0	0
2213.	Ethylene Glycol in Water State Health Laboratory Method	78.75	78.75	0.00	0	0
2214.	Oil and Grease 1664	110.00	110.00	0.00	0	0
2215.	Environmental Protection Agency 8082 Poly-Chlorinated Biphenyls	202.00	202.00	0.00	0	0
2216.	Poly-Chlorinated Biphenyls in oil	0.00	150.00	150.00	0	0
2217.	Poly-Chlorinated Ethylene (PCE) Environmental Protection Agency 524.2	83.00	83.00	0.00	0	0
2218.	Environmental Protection Agency Method 625 Base/Neutral Acids by Gas Chromatograph-Mass Spectrometer	441.00	441.00	0.00	0	0
2219.	Total Organic Carbon (TOC) Standard Method 5310B	22.00	22.00	0.00	0	0
2220.	Total Petroleum Hydrocarbons non-BTEX (Benzene, Toluene, Ethylbenzene, Xylene) 8015	138.00	138.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Hazardous Waste Organics Tests					
2221.	Volatiles (Purgeables - Environmental Protection Agency Method 624)	220.50	220.50	0.00	0	0
2222.	Environmental Protection Agency Method 8270 Semivolatiles (A/B/Not Applicable) by Gas Chromatigraph-Mass Spectrometer	441.00	441.00	0.00	0	0
2223.	Unregulated Contaminant Monitoring Regulation I (UCMR I)	716.60	716.60	0.00	0	0
2224.	Toxicity Characteristic Leach Procedure - Extraction procedure Environmental Protection Agency Solid Waste - 1311	110.25	110.25	0.00	0	0
2225.	Toxicity Characteristic Leach Procedure Zero Headspace Extraction (ZHE) Environmental Protection Agency Solid Waste 846 - 1311	176.40	176.40	0.00	0	0
2226.	Periphyton	54.00	54.00	0.00	0	0
	Radiochemistry					
2227.	Gross alpha or beta	66.00	66.00	0.00	0	0
2228.	Gross alpha and beta	66.00	66.00	0.00	0	0
2229.	Radium226, (Deemanation)	138.00	138.00	0.00	0	0
2230.	Radium228, (precipitation/separation)	171.00	171.00	0.00	0	0
2231.	Uranium (Total Activity)	110.00	110.00	0.00	0	0
2232.	Uranium ICP/MS (Inductive Coupling Plasma-Mass Spectrometry)	55.00	55.00	0.00	0	0
2233.	Radon by Liquid Scintillation	72.00	72.00	0.00	0	0
2234.	Tritium	88.00	88.00	0.00	0	0
2235.	Gamma Spectroscopy By HPGe (Hyper Pure Geranium) (water and solid samples), ID and Quant, per nuclide	165.00	165.00	0.00	0	0
	Water Bacteriology					
2236.	Swimming pool bacteriology MF and HPC (Membrane Filtration and Heterotrophic Plate Count)	33.00	33.00	0.00	0	0
2237.	Polluted water bacteriology per parameter	16.50	16.50	0.00	0	0
2238.	Environmental legionella (liter of water) 9260J	70.00	70.00	0.00	0	0
	Drinking Water Microbiology					
2239.	Aeromonas 1605	55.00	55.00	0.00	0	0
2240.	Colilert E. Coli 9223B	20.00	20.00	0.00	0	0
	Cryptosporidium and Giarrdia					
2241.	Method 1623 analysis	330.75	330.75	0.00	0	0
2242.	Protozoa Matrix Spike	315.00	315.00	0.00	0	0
2243.	Filter	105.00	105.00	0.00	0	0
2244.	Additional Cryptosporidium and Giarrdia slides	30.00	30.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Water Bacteriology					
2245.	Microscopic Particulate Analysis (MPA)	236.50	236.50	0.00	0	0
2246.	Bacillus subtilis	27.50	27.50	0.00	0	0
2247.	Pulsed Field Gel Electrophoresis	33.00	0.00	-33.00	0	0
	Alliance Testing					
	Cryptosporidium and Giarrdia					
2248.	Protozoa 1623	220.00	0.00	-220.00	0	0
2249.	Additional Cryptosporidium and Giarrdia slides	30.00	0.00	-30.00	0	0
2250.	Filter	100.00	0.00	-100.00	0	0
2251.	Ultraviolet Absorption Standard Method 5910B	15.75	0.00	-15.75	0	0
2252.	Total Organic Carbon Standard Method 5310B	15.75	0.00	-15.75	0	0
2253.	Trihalomethanes Environmental Protection Agency Method 524.2	40.00	0.00	-40.00	0	0
2254.	Haloacetic Acids Method 6251B	92.00	0.00	-92.00	0	0
2255.	Alkalinity (total) Standard Method 2320B	10.00	0.00	-10.00	0	0
2256.	Bromate	27.00	0.00	-27.00	0	0
2257.	Bromide	16.25	0.00	-16.25	0	0
2258.	Chlorate	15.75	0.00	-15.75	0	0
2259.	Chlorite	15.75	0.00	-15.75	0	0
	Unregulated Contaminant Monitoring Regulation 2					
	List 1					
2260.	Environmental Protection Agency Method 525.2 (Acetanilide Pesticides)	200.00	200.00	0.00	0	0
2261.	Environmental Protection Agency Method 527 (Polyrominated diphenyl)	275.00	275.00	0.00	0	0
2262.	Environmental Protection Agency Method 529 (Explosives)	275.00	275.00	0.00	0	0
	Testimony Fees					
2263.	Expert Testimony Fee (Portal to Portal), per hour for those without a Phd/MD	0.00	78.75	78.75	0	0
	Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.					
2264.	Expert Testimony Fee (Portal to Portal), per hour for those with a Phd/MD	0.00	250.00	250.00	0	0
	Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.					
	Fees					
2265.	1 - 15 copies	0.00	25.00	25.00	0	0
2266.	Each additional copy	0.00	1.00	1.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	GRAMA Request administrative retrieval and copy fees					
2267.	1 - 15 copies	0.00	25.00	25.00	9	225
2268.	Each additional copy	0.00	1.00	1.00	0	0
	Handling Fees (per sample)					
2269.	Chain of Custody Sample Handling	11.00	11.00	0.00	0	0
2270.	Priority Handling of Samples (Surcharge) Minimum charge	11.00	11.00	0.00	0	0
	Rush testing fees - added to cost of performing test					
2271.	Environmental Testing <48 hours	0.00	50.00	50.00	12	600
	Subtotal, Chemical and Environmental Services					\$825
	Health - Disease Control and Prevention - Forensic Toxicology					
	Forensic Toxicology					
2272.	Under certain conditions of public health import (e.g., disease outbreak, terrorist event, or environmental catastrophe) fees may be reduced or waived.	0.00	0.00	0.00	0	0
2273.	Alcohol and other volatiles	61.00	61.00	0.00	0	0
2274.	Prescription Drug Screen (22-drug panel)	41.00	41.00	0.00	0	0
2275.	Prescription Drug Confirmation by GC/MS (Gas Chromatograph-Mass Spectrometer) (per ACID/Neutral drug)	106.00	106.00	0.00	0	0
2276.	Prescription Drug Confirmation by GC/MS (Gas Chromatograph-Mass Spectrometer) (per BASE drug)	54.00	54.00	0.00	0	0
2277.	Drugs of Abuse Screen (Methamphetamine, Tetrahydrocannabinol (Marijuana), Cocaine, Heroin)	49.00	49.00	0.00	0	0
2278.	Drugs of Abuse Confirmation (Meth) (Methamphetamine)	110.00	110.00	0.00	0	0
2279.	Drugs of Abuse Confirmation (TCH) (Tetrahydrocannabinol (Marijuana))	87.00	87.00	0.00	0	0
2280.	Drugs of Abuse Confirmation (Cocaine)	113.00	113.00	0.00	0	0
2281.	Drugs of Abuse Confirmation (Heroin)	143.00	143.00	0.00	0	0
	Rush testing fees - added to cost of performing test					
2282.	Toxicology Testing <96 hours	0.00	50.00	50.00	0	0
	Testimony Fees					
2283.	Expert Testimony Fee (Portal to Portal), per hour for those without a Phd/MD	0.00	78.75	78.75	118	9,293
	Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.					
2284.	Expert Testimony Fee (Portal to Portal), per hour for those with a Phd/MD	0.00	250.00	250.00	0	0
	Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.					

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
<b>Forensic Toxicology</b>						
Administrative retrieval and copy fees						
2285.	1 - 15 copies	0.00	20.00	20.00	11	220
2286.	Each additional copy	0.00	1.00	1.00	12	12
GRAMA request administrative retrieval and copy fees						
2287.	1 - 15 copies	0.00	25.00	25.00	11	275
2288.	Each additional copy	0.00	1.00	1.00	1	1
Handling Fees (per sample)						
2289.	Chain of Custody Sample Handling Fee	0.00	11.00	11.00	0	0
2290.	Priority Handling of Samples (Surcharge) Minimum charge	0.00	11.00	11.00	0	0
Subtotal, Forensic Toxicology						\$9,801
<b>Health - Disease Control and Prevention - Laboratory Improvement</b>						
Laboratory Operations						
2291.	Under certain conditions of public health import (e.g., disease outbreak, terrorist event, or environmental catastrophe) fees may be reduced or waived.	0.00	0.00	0.00	0	0
Environmental Laboratory Certification						
Annual certification fee (chemistry and/or microbiology)						
2292.	Note: Laboratories applying for certification are subject to the annual certification fee, plus the fee listed for each category in which they are to be certified.	0.00	0.00	0.00	0	0
2293.	Utah laboratories	600.00	600.00	0.00	0	0
2294.	Out-of-state laboratories (plus reimbursement of all travel expenses)	7,700.00	7,700.00	0.00	0	0
2295.	National Environmental Accreditation Program (NELAP) recognition fee	825.00	825.00	0.00	0	0
2296.	Certification change fee	75.00	75.00	0.00	0	0
Rush certification fees - added to fees listed above (under 30 days notice)						
2297.	Utah laboratories	0.00	1,000.00	1,000.00	0	0
2298.	Out-of-state laboratories (plus reimbursement of all travel expenses)	0.00	1,500.00	1,500.00	0	0
Safe Drinking Water by Analyte and Method						
2299.	Microbiological - Each Method	50.00	50.00	0.00	0	0
Inorganic each method						
2300.	Group I	28.00	28.00	0.00	0	0
2301.	Group II	33.00	33.00	0.00	0	0
2302.	Group III	54.00	54.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Environmental Laboratory Certification					
	Safe Drinking Water by Analyte and Method					
	Miscellaneous each method					
2303.	Group I	28.00	28.00	0.00	0	0
2304.	Group II	33.00	33.00	0.00	0	0
2305.	Group III	28.00	28.00	0.00	0	0
	Organic Compounds each method					
2306.	Group I	68.00	68.00	0.00	0	0
2307.	Group II	85.00	85.00	0.00	0	0
2308.	Group III	155.00	155.00	0.00	0	0
2309.	Group IV	185.00	185.00	0.00	0	0
2310.	Radiological each method	33.00	33.00	0.00	0	0
	Clean Water by Analyte and Method					
2311.	Microbiological each method	50.00	50.00	0.00	0	0
2312.	Toxicity Testing	195.00	195.00	0.00	0	0
	Inorganic each method					
2313.	Group I	28.00	28.00	0.00	0	0
2314.	Group II	33.00	33.00	0.00	0	0
2315.	Group III	40.00	40.00	0.00	0	0
	Organic Compounds each method					
2316.	Group I	85.00	85.00	0.00	0	0
2317.	Group II	155.00	155.00	0.00	0	0
2318.	Group III	185.00	185.00	0.00	0	0
	Resource Conservation and Recovery Act (RCRA) by Analyte and Method (charge for each individual analyte by each specific method)					
2319.	Radiological each method	40.00	40.00	0.00	0	0
	Resource Conservation and Recovery Act by Analyte and Method					
2320.	Microbiological each method	50.00	50.00	0.00	0	0
	Inorganic each method					
2321.	Group I	28.00	28.00	0.00	0	0
2322.	Group II	33.00	33.00	0.00	0	0
	Miscellaneous each method					
2323.	Group I	28.00	28.00	0.00	0	0
2324.	Group II	33.00	33.00	0.00	0	0
2325.	Group III	40.00	40.00	0.00	0	0
2326.	Group IV	45.00	45.00	0.00	0	0
2327.	Radiological each method	40.00	40.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
Environmental Laboratory Certification						
Resource Conservation and Recovery Act by Analyte and Method						
Miscellaneous each method						
2328.	Hazardous Waste Characteristics each method	45.00	45.00	0.00	0	0
Sample Extraction Procedures each method						
2329.	Group I	40.00	40.00	0.00	0	0
2330.	Group II	33.00	33.00	0.00	0	0
2331.	Group III	85.00	85.00	0.00	0	0
2332.	Group IV	27.00	27.00	0.00	0	0
Organic Compounds each method						
2333.	Group I	85.00	85.00	0.00	0	0
2334.	Group II	155.00	155.00	0.00	0	0
2335.	Group III	185.00	185.00	0.00	0	0
2336.	Performance Based Method	590.00	590.00	0.00	0	0
Charge for each individual analyte by each specific method						
2337.	Travel expenses reimbursement for out of state environmental laboratory certifications - Cost Recovery	0.00	0.00	0.00	0	0
Phlebotomy Permits (to allow authorized individuals to withdraw blood for the purpose of determining alcohol or drug content)						
2338.	Triennial fee	35.00	35.00	0.00	0	0
Impounded Animals Use Certification						
2339.	Annual fee	425.00	425.00	0.00	0	0
On-site Seminar Fees						
2340.	Per unit of instruction	0.00	15.00	15.00	26	390
Testimony Fees						
2341.	Expert Testimony Fee (Portal to Portal), per hour for those without a Phd/MD	0.00	78.75	78.75	0	0
Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.						
2342.	Expert Testimony Fee (Portal to Portal), per hour for those with a Phd/MD	0.00	250.00	250.00	0	0
Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.						
Administrative retrieval and copy fees						
2343.	1 - 15 copies	0.00	20.00	20.00	12	240
2344.	Each additional copy	0.00	1.00	1.00	17	17
GRAMA request administrative retrieval and copy fees						
2345.	1 - 15 copies	0.00	25.00	25.00	11	275
2346.	Each additional copy	0.00	1.00	1.00	14	14

**Joint Appropriations Subcommittee for Social Services**

	<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
Subtotal, Laboratory Improvement					\$936
Health - Disease Control and Prevention - Health Promotion					
Baby Your Baby Program					
Health Keepsake books					
Non-adapted version					
2347.	Price per copy based on quantity - \$4.00 to \$5.00	5.00	5.00	0.00	0
Adapted version					
2348.	Price per copy based on quantity - \$3.00 to \$6.50	6.50	6.50	0.00	0
Subtotal, Health Promotion					\$0
Health - Disease Control and Prevention - Office of the Medical Examiner					
Autopsy					
2349.	Non-Jurisdictional Case (plus cost of body transportation)	2,000.00	2,000.00	0.00	0
2350.	External Examination, Non-Jurisdictional Case (plus transportation)	500.00	500.00	0.00	0
2351.	Use of Office of Medical Examiner facilities and assistants for autopsies	500.00	500.00	0.00	0
2352.	Use of Office of Medical Examiner facilities and assistants for external exams	300.00	300.00	0.00	0
Reports					
2353.	First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge	0.00	0.00	0.00	0
2354.	All other requestors and additional copies	35.00	35.00	0.00	0
Miscellaneous Office of Medical Examiner case file papers					
2355.	First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge	0.00	0.00	0.00	0
2356.	All other requestors and additional copies	35.00	35.00	0.00	0
Miscellaneous non-Office of Medical Examiner case file papers					
2357.	All requestors cost for non-Office of Medical Examiner copies per file request	50.00	50.00	0.00	0
Cremation Authorization Fee					
2358.	Review and authorize cremation	100.00	45.00	-55.00	0
\$5.00 per permit payable to Vital Records for processing.					
Court					
2359.	Preparation, consultation, and appearance on non-Office of Medical Examiner Criminal and Civil cases. per hour charge	400.00	400.00	0.00	0
Portal to portal expenses including travel costs and waiting time.					

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	<b>Court</b>					
2360.	Consultation as Medical Examiner on Office of Medical Examiner cases. Portal to portal expenses including travel costs and waiting time, per hour charge	400.00	400.00	0.00	0	0
	<b>Photographic and Video Services</b>					
2361.	Color negatives from slides	2.50	2.50	0.00	0	0
2362.	Slide Duplication	3.50	3.50	0.00	0	0
2363.	Film - 24 Exposure Roll	5.00	5.00	0.00	0	0
2364.	Film - 36 Exposure Roll	6.00	6.00	0.00	0	0
2365.	Glass Slides	10.00	10.00	0.00	0	0
2366.	X-rays	10.00	10.00	0.00	0	0
2367.	Digital Image copied from Digital Source - Flat fee for up to 30 requested images	10.00	10.00	0.00	0	0
2368.	Digital Image copied from Digital Source - per image cost for request over 30 images	1.00	1.00	0.00	0	0
2369.	Digital Image copied from color slide negatives	2.50	2.50	0.00	0	0
2370.	Color Print 8 X 10	7.00	7.00	0.00	0	0
2371.	Color Print 5 X 7	3.50	3.50	0.00	0	0
	<b>Use of Tissue Harvest Room</b>					
2372.	Skin Graft	120.75	120.75	0.00	0	0
2373.	Bone	241.50	241.50	0.00	0	0
2374.	Heart Valve	63.00	63.00	0.00	0	0
2375.	Eye	31.50	31.50	0.00	0	0
2376.	Saphenous vein acquisition	63.00	63.00	0.00	0	0
	<b>Body Storage</b>					
2377.	Daily charge for use of Office of Medical Examiner Storage Facilities 24 hours after notification that body is ready for release.	30.00	30.00	0.00	0	0
	<b>Biological samples requests</b>					
2378.	Handling and storage of requested samples by outside sources.	25.00	25.00	0.00	0	0
	<b>Subtotal, Office of the Medical Examiner</b>					\$0
	<b>Health - Health Care Financing - Contracts</b>					
	<b>Primary Care Network Client Enrollment Fee</b>					
2379.	Over 50 % of Poverty Level (annual fee per person or married couple.)	50.00	50.00	0.00	0	0
2380.	Under 50 % of Poverty Level (annual fee per person or married couple.)	25.00	25.00	0.00	0	0
2381.	General Assistance Enrollees (annual fee per person or married couple.)	15.00	15.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
						<u>\$0</u>
	Subtotal, Contracts					
	Health - Medicaid Mandatory Services - Other Mandatory Services					
	Health Clinics					
2382.	10040 Acne Surgery	48.00	48.00	0.00	0	0
2383.	10060 Incision & Drainage of Abscess Simple/Single	68.00	68.00	0.00	0	0
2384.	10061 Incision & Drainage Complicated or Multiple	125.00	125.00	0.00	0	0
2385.	10080 Incision & Drainage Pilonidal Cyst; Simple	73.00	73.00	0.00	0	0
2386.	10120 Incision & Removal Foreign Object-Simple	73.00	73.00	0.00	0	0
2387.	10140 Incision & Drainage of Cyst, Hematoma or Seroma	130.00	130.00	0.00	0	0
2388.	10160 Puncture Aspiration of Abscess, Hematoma	52.00	52.00	0.00	0	0
2389.	11000 Debridement; Infected Skin up to 10%	57.00	57.00	0.00	0	0
2390.	11040 Debridement; Skin Parital Thickness	44.00	44.00	0.00	0	0
2391.	11041 Debridement; Skin Full Thickness	52.00	52.00	0.00	0	0
2392.	11042 Debridement; Skin & Subcutaneous Tissue	68.00	68.00	0.00	0	0
2393.	11044 Debridement; Skin, Tissue, Muscle, Bone	218.00	218.00	0.00	0	0
2394.	11100 Biopsy; Skin Lesion Subcutaneous	62.00	62.00	0.00	0	0
2395.	11101 Biopsy; Skin Subcutaneous Each Separate/Additional Lesion	32.00	32.00	0.00	0	0
2396.	11200 Removal Skin Tags 1-15	78.00	78.00	0.00	0	0
2397.	11201 Removal Skintag any area, Each Add 10 Lesion	14.00	14.00	0.00	0	0
2398.	11300 Shave Biopsy; Epidermal/Dermal Lesion 1 Trunk-Neck	47.00	47.00	0.00	0	0
2399.	11305 Shave Excision & Electrocautery	67.00	67.00	0.00	0	0
2400.	11310 Surgery by Electrocautery	42.00	42.00	0.00	0	0
2401.	11400 Excision; Benign Lesion Trunk/Arm/Leg 0.5cm or Less	47.00	47.00	0.00	0	0
2402.	11401 Excision; Benign Lesion Trunk/Arm/Leg 0.6-1cm	88.00	88.00	0.00	0	0
2403.	11402 Excision; Benign Lesion Trunk/Arm/Leg 1.1-2.0 cm	72.00	72.00	0.00	0	0
2404.	11403 Excision-Benign Trunk/Legs/Arms 2.1-3.0 cm	104.00	104.00	0.00	0	0
2405.	11404 Excision; Benign Trunk/Arm/Leg 3.1-4.0 cm	104.00	104.00	0.00	0	0
2406.	11420 Excision; Benign Scalp/Neck/Genital 0.5 or less	47.00	47.00	0.00	0	0
2407.	11421 Excision; Benign Lesion 0.6-1.0 cm	73.00	73.00	0.00	0	0
2408.	11422 Excision; Benign Subcutaneous/Neck/Genital/Feet 1.1-2.0 cm	80.00	80.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Health Clinics					
2409.	11423 Excision of Cyst	96.00	96.00	0.00	0	0
2410.	11440 Excision; Benign Face/Ear/Eyelid 0.5cm/less	57.00	57.00	0.00	0	0
2411.	11441 Excision; Benign Lesion Face/Ear/Eye/Nose 0.6-1.0 cm	100.00	100.00	0.00	0	0
2412.	11602 Excision; Malignant Trunk/Arm/Leg 1.1-2.0 cm	112.00	112.00	0.00	0	0
2413.	11604 Excision 3.1-4.0 cm	166.00	166.00	0.00	0	0
2414.	11622 Excision; Malignant Lesion Scalp/Neck/Hand/Feet/Genital 1.1-2.0 cm	166.00	166.00	0.00	0	0
2415.	11641 Excision; Malignant Face/Nose/Ear 0.6-1.0 cm	131.00	131.00	0.00	0	0
2416.	11642 Excision; Malignant Face/Nose Ears 1.1-2.0 cm	172.00	172.00	0.00	0	0
2417.	11720 Debridement; Nails 1-5	27.00	27.00	0.00	0	0
2418.	11721 Debridement; Nails 6 or More	42.00	42.00	0.00	0	0
2419.	11730 Avulsion; Nail Plate Single	68.00	68.00	0.00	0	0
2420.	11731 Avulsion; Nail Second	42.00	42.00	0.00	0	0
2421.	11732 Avulsion; Nail Each Additional Nail	30.00	30.00	0.00	0	0
2422.	11740 Avulsion Toenail	26.00	26.00	0.00	0	0
2423.	11750 Excision; Nail/Matrix Permanent Removal	175.00	175.00	0.00	0	0
2424.	11765 Wedge Excision of Skin of Nail Fold Ingrown	60.00	60.00	0.00	0	0
2425.	12001 Repair; Simple Superficial Wound 2.5 cm or Less	192.00	192.00	0.00	0	0
2426.	12002 Repair; Simple Wound 2.6-7.5 cm	203.00	203.00	0.00	0	0
2427.	12004 Repair; Simple Wound 7.6-12.5 cm	133.00	133.00	0.00	0	0
2428.	12005 Repair; Simple Wound 12.6-20.0 cm	166.00	166.00	0.00	0	0
2429.	12011 Repair; Simple Face/Ear/Nose/Lip 2.5 cm or Less	234.00	234.00	0.00	0	0
2430.	12032 Repair; Layer Closure Scalp/Extremities/Trunk 2.6-7.5 cm	151.00	151.00	0.00	0	0
2431.	12035 Repair; Layer Closure Scalp/Extremities/Trunk 12.6-20 cm	227.00	227.00	0.00	0	0
2432.	13120 Repair; Complex Scalp/Arms/Legs	146.00	146.00	0.00	0	0
2433.	16020 Burn Dress without Anesthesia Office/Hospital Small	35.00	35.00	0.00	0	0
2434.	16025 Burn Dress without Anesthesia Medical Face/Extremities	68.00	68.00	0.00	0	0
2435.	17000 Destruction Any Method Benign First Lesion	78.00	78.00	0.00	0	0
2436.	17003 Destruction Add-on Benign/Pre-malignant	47.00	47.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Health Clinics					
2437.	17004 Destruction; Benign Lesion 15 or More	182.00	182.00	0.00	0	0
2438.	17110 Destruction Flat Wart - Up to 15	88.00	88.00	0.00	0	0
2439.	17111 Destruction Flat Warts - 15 and More	50.00	50.00	0.00	0	0
2440.	17260 Destruction; Malignant Trunk/Arm/Leg 0.5 or Less	58.00	58.00	0.00	0	0
2441.	17280 Destruction Malignant Lesion Face 0.5 cm Less	76.00	76.00	0.00	0	0
2442.	17281 Destruction Malignant Lesion Face 0.6-1	109.00	109.00	0.00	0	0
2443.	20520 Foreign Body Removal (Simple)	120.00	120.00	0.00	0	0
2444.	20550 Injection; Trigger Point Tendon/Ligament/Ganglion	57.00	57.00	0.00	0	0
2445.	20552 TPI (Trigger Point Injection)	47.00	47.00	0.00	0	0
2446.	20600 Arthrocentesis; Small Joint/Ganglion Fingers/Toes	50.00	50.00	0.00	0	0
2447.	20610 Arthrocentesis; Major Joint/Bursa Shoulder/Knee	104.00	104.00	0.00	0	0
2448.	20605 Arthrocentesis; Intermediate Joint/Bursa Ankle/Elbow	52.00	52.00	0.00	0	0
2449.	211 Community Service	52.00	52.00	0.00	0	0
2450.	28190 Foreign Body Removal; Foot Subcutaneous	125.00	125.00	0.00	0	0
2451.	30901 Cauterize (Limited); Control Nasal Hemorrhage/Anterior/Simple	60.00	60.00	0.00	0	0
2452.	36415 Venipuncture	6.00	6.00	0.00	0	0
2453.	44641 Excision; Malignant Lesion	131.00	131.00	0.00	0	0
2454.	46083 Incision; Thrombosed Hemorrhoid, External	104.00	104.00	0.00	0	0
2455.	46600 Anoscope	23.00	23.00	0.00	0	0
2456.	52000 Cystoscopy	125.00	125.00	0.00	0	0
2457.	53670 Catheterization, Urinary, Simple	30.00	30.00	0.00	0	0
2458.	57421 Colposcopy With Biopsy of Vagina/Cervix	156.00	156.00	0.00	0	0
2459.	57455 Colposcopy of the Cervix With Biopsy	156.00	156.00	0.00	0	0
2460.	57456 Colposcopy of Cervix With Electrocautery conization	146.00	146.00	0.00	0	0
2461.	57511 Cryocautery Cervix; Initial or Repeat	83.00	83.00	0.00	0	0
2462.	58300 Insertion of Intrauterine Device	104.00	104.00	0.00	0	0
2463.	58301 Removal of Intrauterine Device	163.00	163.00	0.00	0	0
2464.	60001 Aspiration/Injection Thyroid Gland	81.00	81.00	0.00	0	0
2465.	65025 Removal of Foreign Body; External Eye, Superficial	173.00	173.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Health Clinics					
2466.	65220 Removal of Foreign Body; External Eye, Corneal	215.00	215.00	0.00	0	0
2467.	69200 Removal Foreign Body External Auditory Canal without General Anesthesia	52.00	52.00	0.00	0	0
2468.	69210 Cerumen Removal/One or Both Ears	78.00	78.00	0.00	0	0
2469.	80048 Basic Metabolic Profile	6.00	6.00	0.00	0	0
2470.	80053 Metabolic Panel Labs (Comprehensive)	6.00	6.00	0.00	0	0
2471.	80061 Lipid Panel Labs	6.00	6.00	0.00	0	0
2472.	80061 Quick Lipid Panel	6.00	6.00	0.00	0	0
2473.	80076 Hepatic Function Panel	6.00	6.00	0.00	0	0
2474.	80100 Drug Screen (Multiple Drug Classes)	26.00	26.00	0.00	0	0
2475.	80101 Drug Screen (Single Drug Class)	26.00	26.00	0.00	0	0
2476.	80176 Xylocaine 0-55 cc	29.00	29.00	0.00	0	0
2477.	81000 Urine Analysis with Microscope	10.00	10.00	0.00	0	0
2478.	81002 Urine Analysis	10.00	10.00	0.00	0	0
2479.	81003 Urine Analysis Automated & without Microscope	10.00	10.00	0.00	0	0
2480.	81025 Human Chorionic Gonadotropin; Urine	22.00	22.00	0.00	0	0
2481.	82043 Microalbumin	16.00	16.00	0.00	0	0
2482.	82055 Alcohol Screen	21.00	21.00	0.00	0	0
2483.	82270 Hemoccult; Feces Screening	7.00	7.00	0.00	0	0
2484.	82570 Creatinine	12.00	12.00	0.00	0	0
2485.	82728 Ferritin	26.00	26.00	0.00	0	0
2486.	82948 Glucose; Blood, Regent Strip	6.00	6.00	0.00	0	0
2487.	82962 Glucose; Monitoring Device	6.00	6.00	0.00	0	0
2488.	83036 Hemoglobin A1C (long-term blood sugar test)	23.00	23.00	0.00	0	0
2489.	83540 Iron	31.00	31.00	0.00	0	0
2490.	84443 Thyroid Stimulating Hormone Labs	10.00	10.00	0.00	0	0
2491.	84460 Alanine Amino Test	15.00	15.00	0.00	0	0
2492.	85013 Hematocrit	5.00	5.00	0.00	0	0
2493.	85025 Complete Blood Count Labs	5.00	5.00	0.00	0	0
2494.	85610 Prothrombin Time	10.00	10.00	0.00	0	0
2495.	85651 Erythrocyte Sedimentation Test	11.00	11.00	0.00	0	0
2496.	85652 Sedimentation Rate	11.00	11.00	0.00	0	0
2497.	86308 Mononucleosis test	15.00	15.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Health Clinics					
2498.	86318 Helicobacter Pylori test	23.00	23.00	0.00	0	0
2499.	86318 Quick Helicobacter Pylori test	23.00	23.00	0.00	0	0
2500.	86403 Monospot	18.00	18.00	0.00	0	0
2501.	85680 PPD/Tuberculosis Test	9.00	9.00	0.00	0	0
2502.	87060 Culture; Strep	17.00	17.00	0.00	0	0
2503.	87070 Culture; Bacterial, Any Other Source	16.00	16.00	0.00	0	0
2504.	87077 Culture; Bacterial Incision & Drainage	16.00	16.00	0.00	0	0
2505.	87081 Culture; Bacterial Single Organism	14.00	14.00	0.00	0	0
2506.	87082 Culture; Presumptive, Pathogenic Organism Screen	16.00	16.00	0.00	0	0
2507.	87086 Culture; Bacterial Urine	12.00	12.00	0.00	0	0
2508.	87088 Culture, Bacterial Urine Identification and Quantification	12.00	12.00	0.00	0	0
2509.	87102 Culture; Fungal	16.00	16.00	0.00	0	0
2510.	87106 Culture; Yeast	8.00	8.00	0.00	0	0
2511.	87110 Chlamydia Culture	16.00	16.00	0.00	0	0
2512.	87220 Potassium Hydroxide - Wet Prep	10.00	10.00	0.00	0	0
2513.	87804 Influenza A; Quick Test	23.00	23.00	0.00	0	0
2514.	87880 Strep; Quick Test	26.00	26.00	0.00	0	0
2515.	87880 Quick Strep; Test (Medicaid/Medicare)	26.00	26.00	0.00	0	0
2516.	88147 PAP (Papanicolaou) Smear; Cervical or Vaginal	42.00	42.00	0.00	0	0
2517.	88164 Cytopathology, Slides, Cervical or Vagina	26.00	26.00	0.00	0	0
2518.	90471 Immunization Administration; One Vaccine	25.00	25.00	0.00	0	0
2519.	90472 Immunization Administration; Additional Vaccine	12.00	12.00	0.00	0	0
2520.	90620 Supplemental Security Income Exam Initial Consult	133.00	133.00	0.00	0	0
2521.	90632 Immunization Hepatitis A - 19+ Years	78.00	78.00	0.00	0	0
2522.	90634 Immunization Hepatitis A - Pediatric-Adolescent	42.00	42.00	0.00	0	0
2523.	90636 Immunization; Hepatitis A & B Adult	90.00	90.00	0.00	0	0
2524.	90645 Immunization; Hemophilus Influenza B	47.00	47.00	0.00	0	0
2525.	90649 Gardasil Human Papilloma Virus Vaccine	156.00	156.00	0.00	0	0
2526.	90658 Influenza Virus Vaccine	21.00	21.00	0.00	0	0
2527.	90669 Immunization; Pneumococcal > 5 years old Only	104.00	104.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Health Clinics					
2528.	90701 Diphtheria Tetanus Pertussis Immunization	42.00	42.00	0.00	0	0
2529.	90702 Diphtheria Tetanus Immunization	14.00	14.00	0.00	0	0
2530.	90703 Tetanus	26.00	26.00	0.00	0	0
2531.	90707 Immunization; Measles Mumps Rubella	42.00	42.00	0.00	0	0
2532.	90715 Adacel - Tetanus Diphtheria Vaccine	73.00	73.00	0.00	0	0
2533.	90716 Immunization; Varicella	8.00	8.00	0.00	0	0
2534.	90732 Pneumovax Shot	36.00	36.00	0.00	0	0
2535.	90734 Immunization; Meningitis	5.00	5.00	0.00	0	0
2536.	90744 Immunization; Hepatitis B / Newborn-18 Years	73.00	73.00	0.00	0	0
2537.	90746 Immunization; Hepatitis B 19+ Years (Adult)	88.00	88.00	0.00	0	0
2538.	90772 Injection; Therapeutic, Diagnosis	18.00	18.00	0.00	0	0
2539.	90801 Psychiatric Diagnostic Interview	94.00	94.00	0.00	0	0
2540.	90805 Psychiatric Diagnosis Interview Follow-up Visit	68.00	68.00	0.00	0	0
2541.	92552 Audiometry	19.00	19.00	0.00	0	0
2542.	93000 Electrocardiogram	36.00	36.00	0.00	0	0
2543.	93015 Cardiovascular Stress Test (Treadmill)	130.00	130.00	0.00	0	0
2544.	93926 Duplex Scan Limited Study	130.00	130.00	0.00	0	0
2545.	93965 Doppler of Extremity	132.00	132.00	0.00	0	0
2546.	94010 Spirometry	52.00	52.00	0.00	0	0
2547.	94060 Spirometry with Bronchodilators	64.00	64.00	0.00	0	0
2548.	94200 Peak Flow	21.00	21.00	0.00	0	0
2549.	94640 Intermittent Pause Pressure Breathing Device - Nebulizer Breathing	42.00	42.00	0.00	0	0
2550.	94760 Pulse Oximetry - Oxygen Saturation	10.00	10.00	0.00	0	0
2551.	95115 Injections; Allergy Only 1	15.00	15.00	0.00	0	0
2552.	95117 Injections; Allergy 2 or More	16.00	16.00	0.00	0	0
2553.	95860 Electromyogram 1	81.00	81.00	0.00	0	0
2554.	95861 Electromyogram 2	139.00	139.00	0.00	0	0
2555.	95900 Nerve Conduction Velocity Motor	42.00	42.00	0.00	0	0
2556.	95904 Nerve Conduction Velocity Sensory	35.00	35.00	0.00	0	0
2557.	97035 Ultrasound	16.00	16.00	0.00	0	0
2558.	97110 Therapy	24.00	24.00	0.00	0	0
2559.	97124 Massage	13.00	13.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Health Clinics					
2560.	97260 Manipulate; Spinal 1 Area	16.00	16.00	0.00	0	0
2561.	99050 After Hours	24.00	24.00	0.00	0	0
2562.	99058 Emergency Visit	36.00	36.00	0.00	0	0
2563.	99070 Supplies; Above & Beyond Customary	19.00	19.00	0.00	0	0
2564.	99080 Form 20 (Disability Exam)	88.00	88.00	0.00	0	0
2565.	99173 Visual Acuity Screening Test	10.00	10.00	0.00	0	0
2566.	99201 New Patient - Brief	47.00	47.00	0.00	0	0
2567.	99201N New Patient - Brief Night	47.00	47.00	0.00	0	0
2568.	99202 New Patient - Limited	81.00	81.00	0.00	0	0
2569.	99202N New Patient - Limited Night	81.00	81.00	0.00	0	0
2570.	99203 New Patient - Intermediate	120.00	120.00	0.00	0	0
2571.	99203N New Patient - Intermediate Night	120.00	120.00	0.00	0	0
2572.	99204 New Patient - Extended	182.00	182.00	0.00	0	0
2573.	99204N New Patient - Extended Night	182.00	182.00	0.00	0	0
2574.	99205 New Patient - Comprehensive	229.00	229.00	0.00	0	0
2575.	99205N New Patient - Comprehensive Night	229.00	229.00	0.00	0	0
2576.	99211 Established Patient Brief	28.00	28.00	0.00	0	0
2577.	99211N Established Patient Brief Night	28.00	28.00	0.00	0	0
2578.	99212 Established Patient Limited	47.00	47.00	0.00	0	0
2579.	99212N Established Patient Limited Night	47.00	47.00	0.00	0	0
2580.	99213 Established Patient Intermediate	73.00	73.00	0.00	0	0
2581.	99213N Established Patient Intermediate Night	73.00	73.00	0.00	0	0
2582.	99214 Established Patient Extended	110.00	110.00	0.00	0	0
2583.	99214N Established Patient Extended Night	110.00	110.00	0.00	0	0
2584.	99215 Established Patient Comprehensive	151.00	151.00	0.00	0	0
2585.	99215N Established Patient Comprehensive Night	151.00	151.00	0.00	0	0
2586.	99241 Consultation with another physician History, Exam, Straightforward	36.00	36.00	0.00	0	0
2587.	99242 Consult with another physician, Expanded History & Exam Straightforward	57.00	57.00	0.00	0	0
2588.	99243 Consult with another physician, Detailed History, Exam, Low Complexity	79.00	79.00	0.00	0	0
2589.	99244 Consult with another physician - Comprehensive History, Exam Moderate Complexity	99.00	99.00	0.00	0	0
2590.	99245 Office Consult for New or Established Patient	426.00	426.00	0.00	0	0
2591.	99354 Prolonged Services - 1 Hour	73.00	73.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Health Clinics					
2592.	99361 Medical Conference by Physicians	52.00	52.00	0.00	0	0
2593.	99381 Check; New Patient Under 1	99.00	99.00	0.00	0	0
2594.	99382 Check; New Patient Age 1-4	109.00	109.00	0.00	0	0
2595.	99383 Check; New Patient Age 5-11	109.00	109.00	0.00	0	0
2596.	99384 Check; Age 12-17	130.00	130.00	0.00	0	0
2597.	99385 Check; Age 18-20	88.00	88.00	0.00	0	0
2598.	99391 Check; Under 1	88.00	88.00	0.00	0	0
2599.	99392 Check; Age 1-4	99.00	99.00	0.00	0	0
2600.	99393 Check; Age 5-11	99.00	99.00	0.00	0	0
2601.	99394 Check; Age 12-17	109.00	109.00	0.00	0	0
2602.	99395 Check; Age 18-20	73.00	73.00	0.00	0	0
2603.	99396 Medical Evaluation - Adult 40-64	83.00	83.00	0.00	0	0
2604.	99397 Medical Evaluation - 65 Years and Over	88.00	88.00	0.00	0	0
2605.	99402 Preventive Medicine Counseling 30-44 Minutes	468.00	468.00	0.00	0	0
2606.	99432 Newborn Normal Care - In Office	42.00	42.00	0.00	0	0
2607.	A4460 Ace Wrap - Per Roll	7.00	7.00	0.00	0	0
2608.	A4550 Surgical Tray	42.00	42.00	0.00	0	0
2609.	A4565 Sling	21.00	21.00	0.00	0	0
2610.	A4570 Splint	23.00	23.00	0.00	0	0
2611.	Complete Blood Count	5.00	5.00	0.00	0	0
2612.	Complete Metabolic Panel	6.00	6.00	0.00	0	0
2613.	Cornell Well Child Check Visits	36.00	36.00	0.00	0	0
2614.	Form 21 (Disability Exam)	73.00	73.00	0.00	0	0
2615.	Federal Aviation Administration Exam	52.00	52.00	0.00	0	0
2616.	G0008 *Flu Shot Administration (Medicare)	8.00	8.00	0.00	0	0
2617.	G0009 Injection Administration - Pneumonia without Physician (Medicare)	4.00	4.00	0.00	0	0
2618.	G0010 Hepatitis B Vaccine Administration	5.00	5.00	0.00	0	0
2619.	G0101 Papanicolaou (PAP); with Breast Exam Cervical/Vaginal Screen	42.00	42.00	0.00	0	0
2620.	G0107 Hemocult for Medicare	10.00	10.00	0.00	0	0
2621.	G0179 Physician Re-Certification for Medicare Home Health	83.00	83.00	0.00	0	0
2622.	G0180 Physician Certification for Medicare Home Health	83.00	83.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Health Clinics					
2623.	J0170 Injection; Epinephrine	10.00	10.00	0.00	0	0
2624.	J0290 Injection; Ampicillin Sodium 500 mg	8.00	8.00	0.00	0	0
2625.	J0540 Bicillian 1.2 million units	38.00	38.00	0.00	0	0
2626.	J0696 Rocephin 250 mg	47.00	47.00	0.00	0	0
2627.	J0702 Injection; Celestone 3 mg	12.00	12.00	0.00	0	0
2628.	J0704 Injection; Celestone 4 mg	12.00	12.00	0.00	0	0
2629.	J0780 Compazine up to 10 mg	16.00	16.00	0.00	0	0
2630.	J0810 Solumedrol 150 mg	21.00	21.00	0.00	0	0
2631.	J1000 Estradiol	12.00	12.00	0.00	0	0
2632.	J1055 Depo-Provera	88.00	88.00	0.00	0	0
2633.	J1200 Benadryl up to 50 mg	10.00	10.00	0.00	0	0
2634.	J1390 Estrogen	31.00	31.00	0.00	0	0
2635.	J1470 Gamma Globulin 2 cc	21.00	21.00	0.00	0	0
2636.	J1820 Insulin up to 100 units	10.00	10.00	0.00	0	0
2637.	J1885 Toradol 15 mg	21.00	21.00	0.00	0	0
2638.	J2000 Xylocaine 0-55 cc	5.00	5.00	0.00	0	0
2639.	J2550 Phenergan up to 50 mg	10.00	10.00	0.00	0	0
2640.	J3130 Testosterone	31.00	31.00	0.00	0	0
2641.	J3301 Kenalog-10 Per 10 mg	31.00	31.00	0.00	0	0
2642.	J3401 Vistaril 25 mg	12.00	12.00	0.00	0	0
2643.	J3420 Injection B-12	10.00	10.00	0.00	0	0
2644.	J7300 Intrauterine Device (contraception)	416.00	416.00	0.00	0	0
2645.	J7320 Hyalgan, Synvisc (Knee Injection)	281.00	281.00	0.00	0	0
2646.	J7620 Albuterol Per ml, Inhalation Solution Durable Medical Equipment	3.00	3.00	0.00	0	0
2647.	J7625 Albuterol Sulfate 0.5%/ml Inhalation Solution Administration	4.00	4.00	0.00	0	0
2648.	L3908 Wrist Splint	44.00	44.00	0.00	0	0
2649.	Liver Function Test	6.00	6.00	0.00	0	0
2650.	Lipid	17.00	17.00	0.00	0	0
2651.	PSATE0000 Prostate Specific Antigen Test	42.00	42.00	0.00	0	0
2652.	Residual Functional Capacity Questionnaire	52.00	52.00	0.00	0	0
2653.	S0020 Marcaine up to 30 ml	18.00	18.00	0.00	0	0
2654.	S9981 Medical Records Copying Fee-Admin	6.00	6.00	0.00	0	0
2655.	Supplemental Security Insurance Exam	113.00	113.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Health Clinics					
2656.	Thin Prep	140.00	140.00	0.00	0	0
2657.	Thyroid Stimulating Hormone	19.00	19.00	0.00	0	0
2658.	Y4600 Injection; Pediatric Immunization Only	11.00	11.00	0.00	0	0
2659.	Y9051 Records Sent to Case Worker	16.00	16.00	0.00	0	0
2660.	Family Dental Plan	0.00	0.00	0.00	0	0
2661.	D0120 Periodic Oral Evaluation	23.00	23.00	0.00	0	0
2662.	D0140 Limited Oral Evaluation	37.00	37.00	0.00	0	0
2663.	D0150 Comprehensive Oral Evaluation	40.00	40.00	0.00	0	0
2664.	D0210 Intraoral-complete series including Bitewings	69.00	69.00	0.00	0	0
2665.	D0220 Intraoralperiapical - first film	14.00	14.00	0.00	0	0
2666.	D0230 Intraoralperiapical - each additional film	11.00	11.00	0.00	0	0
2667.	D0270 Bitewing-single film	14.00	14.00	0.00	0	0
2668.	D0272 Bitewing-two film	22.00	22.00	0.00	0	0
2669.	D0274 Bitewing-four film	31.00	31.00	0.00	0	0
2670.	D0330 Panoramic Film	64.00	64.00	0.00	0	0
2671.	D1110 Prophylaxis-adult	48.00	48.00	0.00	0	0
2672.	D1120 Prophylaxis-child	33.00	33.00	0.00	0	0
2673.	D1203 Topical application of fluoride excluding prophy	20.00	20.00	0.00	0	0
2674.	D1351 Sealant-per tooth	27.00	27.00	0.00	0	0
2675.	D1510 Space maintainer-fixed unilateral	170.00	170.00	0.00	0	0
2676.	D1515 Space maintainer-fixed bilateral	224.00	224.00	0.00	0	0
2677.	D1520 Space maintainer- removeable unilateral	204.00	204.00	0.00	0	0
2678.	D1525 Space maintainer- removeable bilateral	288.00	288.00	0.00	0	0
2679.	D1550 Recement space maintainer	36.00	36.00	0.00	0	0
2680.	D2140 Amalgam-one surface	56.00	56.00	0.00	0	0
2681.	D2150 Amalgam-two surface	74.00	74.00	0.00	0	0
2682.	D2160 Amalgam-three surface	88.00	88.00	0.00	0	0
2683.	D2161 Amalgam-4 or more surface	108.00	108.00	0.00	0	0
2684.	D2330 Resin-one surface, anterior	71.00	71.00	0.00	0	0
2685.	D2331 Resin-two surface, anterior	90.00	90.00	0.00	0	0
2686.	D2332 Resin-three surface, anterior	110.00	110.00	0.00	0	0
2687.	D2335 Resin-4 or more surface-can be incisal angle, anterior	130.00	130.00	0.00	0	0
2688.	D2391 Resin-one surface, posterior	82.00	82.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
	Family Dental Plan					
2689.	D2751 Crown-porcelain fused to majority base metal	553.00	553.00	0.00	0	0
2690.	D2920 Recement Crown	49.00	49.00	0.00	0	0
2691.	D2930 Refabricated stainless steel crown-primary	133.00	133.00	0.00	0	0
2692.	D2931 Refabricated stainless steel crown-permanent	151.00	151.00	0.00	0	0
2693.	D2950 Core build-up	127.00	127.00	0.00	0	0
2694.	D2951 Pin retention-per tooth	29.00	29.00	0.00	0	0
2695.	D2954 Prefabricated post and core	161.00	161.00	0.00	0	0
2696.	D3220 Therapeutic pulpotomy	82.00	82.00	0.00	0	0
2697.	D3221 Open and Medicate	91.00	91.00	0.00	0	0
2698.	D3310 Root canal therapy, anterior	348.00	348.00	0.00	0	0
2699.	D3320 Root Canal therapy, bicuspid	425.00	425.00	0.00	0	0
2700.	D3330 Root canal therapy, 1st molar	549.00	549.00	0.00	0	0
2701.	D3410 Apicoectomy / periradicular surgery-bicuspid	398.00	398.00	0.00	0	0
2702.	D3430 Retrograde filling	121.00	121.00	0.00	0	0
2703.	D4355 Full mouth debridement	86.00	86.00	0.00	0	0
2704.	D5110 Complete upper denture	734.00	734.00	0.00	0	0
2705.	D5120 Complete lower denture	734.00	734.00	0.00	0	0
2706.	D5130 Immediate upper denture	801.00	801.00	0.00	0	0
2707.	D5140 Immediate lower denture	801.00	801.00	0.00	0	0
2708.	D5211 Upper partial-resin base	621.00	621.00	0.00	0	0
2709.	D5212 Lower partial-resin base	720.00	720.00	0.00	0	0
2710.	D5213 Upper partial-cast metal frame with resin base	811.00	811.00	0.00	0	0
2711.	D5214 Lower partial-cast metal frame with resin base	811.00	811.00	0.00	0	0
2712.	D5410 Adjust complete denture upper	52.00	52.00	0.00	0	0
2713.	D5411 Adjust complete denture lower	52.00	52.00	0.00	0	0
2714.	D5421 Adjust partial denture upper	52.00	52.00	0.00	0	0
2715.	D5422 Adjust partial denture lower	52.00	52.00	0.00	0	0
2716.	D5510 Repair broken complete denture base	187.00	187.00	0.00	0	0
2717.	D5520 Replace missing/broken teeth complete denture	104.00	104.00	0.00	0	0
2718.	D5610 Repair resin denture base-partial denture	130.00	130.00	0.00	0	0
2719.	D5630 Repair or replace broken clasp	140.00	140.00	0.00	0	0
2720.	D5640 Replace broken teeth-per tooth	74.00	74.00	0.00	0	0
2721.	D5650 Add tooth to existing partial denture	101.00	101.00	0.00	0	0

**Joint Appropriations Subcommittee for Social Services**

		<b>Old Fee</b>	<b>New Fee</b>	<b>Fee Change</b>	<b>Quantity</b>	<b>Rev Chg</b>
Family Dental Plan						
2722.	D5750 Reline complete upper denture	225.00	225.00	0.00	0	0
2723.	D5751 Reline complete lower denture	225.00	225.00	0.00	0	0
2724.	D5760 Reline upper partial denture	224.00	224.00	0.00	0	0
2725.	D5761 Reline lower partial denture	224.00	224.00	0.00	0	0
2726.	D7111 Coronal Remnants	55.00	55.00	0.00	0	0
2727.	D7140 Single tooth extraction	73.00	73.00	0.00	0	0
2728.	D7210 Surgical removal erupted tooth	129.00	129.00	0.00	0	0
2729.	D7270 Tooth re-implantation with stabilization	156.00	156.00	0.00	0	0
2730.	D7286 Biopsy of oral tissue	104.00	104.00	0.00	0	0
2731.	D7410 Excision of benign tumor	182.00	182.00	0.00	0	0
2732.	D7510 Incision & drainage of abscess	104.00	104.00	0.00	0	0
2733.	D7960 Frenulectomy	148.00	148.00	0.00	0	0
2734.	D9248 Nitrous sedation	26.00	26.00	0.00	0	0
Subtotal, Other Mandatory Services						\$0
Health - Children's Health Insurance Program						
Children's Health Insurance Program Quarterly Premium						
2735.	Plan B (100%-150% of Poverty Level)	30.00	30.00	0.00	0	0
2736.	Plan C (150%-200% of Poverty Level)	75.00	75.00	0.00	0	0
2737.	Late Fee	15.00	15.00	0.00	0	0
Subtotal, Children's Health Insurance Program						\$0