

Subcommittee Reports to Executive Appropriations Committee Summary of Subcommittee Budget Changes

2014 General Session

<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>
Social Services		Ongoing	One-time	Total
37	GF Revenue - Fee Increases	\$261,700	\$0	\$261,700
38	Sources	\$0	\$15,500	\$15,500
39	Base Budget Changes	\$1,556,200	\$640,500	\$2,196,700
40	Reallocations	(\$1,317,900)	\$51,844,000	\$50,526,100
41	Subtotal	\$500,000	\$52,500,000	\$53,000,000
42	Add-ons	(\$23,986,400)	(\$7,042,700)	(\$31,029,100)
Social Services Total		(\$23,486,400)	\$45,457,300	\$21,970,900

Subcommittee Reports to Executive Appropriations Committee General and Education Fund Sources (Transfers to Unrestricted Funds)

2014 General Session

col.	a	b	c	d	e
Row	Priority	1x Pri.	Item Description	Ongoing	One-time
			Business, Economic Development, and Labor		
1			Rev-BEDL - Gen Fund EDHR - Arts Nonlapsing Balances to General Fund 1x		\$700,000
2			Rev-BEDL - Gen Fund EDHR - BEDL Base Adjustment		\$3,000,000
3			Rev-BEDL - Gen Fund EDHR - Industrial Assistance Fund Unencumbered Balance Transfer to General Fund 1x		\$1,900,000
			Business, Economic Development, and Labor Total		\$5,600,000
			Infrastructure and General Government		
4			Rev-IGG - Gen Fund IGG - Debt Services - Nonlapsing to General Fund		\$13,056,000
5			Rev-IGG - Gen Fund IGG - Debt Services Payments		\$1,051,400
6			Rev-IGG - Gen Fund IGG - Transfer from DFCM Administration		\$5,100,000
7			Rev-IGG - Gen Fund IGG - Transfer Retained Earnings from DAS Purchasing ISF to General Fund, One-time		\$2,000,000
			Infrastructure and General Government Total		\$21,207,400
			Natural Resources, Agriculture, and Environmental Quality		
8			Rev-NRAE - Gen Fund NRAE - Stop transfer of restricted fund to GF	(\$207,000)	
			Natural Resources, Agriculture, and Environmental Quality Total	(\$207,000)	
			Public Education		
9			Rev-PED - Educ Fund PED - MSP Balances Transferred to the Education Fund		\$4,500,000
			Public Education Total		\$4,500,000
			Social Services		
10			Rev-DOH - General Fund - Close Fund 1052 Victims of Domestic Violence Services Account		\$15,500
			Social Services Total		\$15,500
			Grand Total	(\$207,000)	\$31,322,900

Subcommittee Reports to Executive Appropriations Committee

General and Education Fund Uses (Appropriation Changes)

2014 General Session

col.	a	b	c	d	e
Row	Priority	1x Pri.	Item Description	Ongoing	One-time
Social Services					
Base Budget Changes					
323			DHS - Aging Adult Svcs - FMAP or Federal Medical Assistance Percentage Change	(\$13,900)	
324			DHS - Child Family Svc - FMAP or Federal Medical Assistance Percentage Change	(\$115,900)	
325			DHS - Sub Ab Ment Hlth - FMAP or Federal Medical Assistance Percentage Change	(\$50,600)	
326			DHS - Sub Ab Ment Hlth - Inpatient Mental Health - Transfer OUT of DHS to DOH	(\$3,713,700)	
327			DHS - Sub Ab Ment Hlth - State Hospital - Operations and Maintenance Savings		(\$14,500)
328			DHS - Svcs Ppl Disab - FMAP or Federal Medical Assistance Percentage Change	(\$783,800)	
329			DHS - Svcs Ppl Disab - Portability - Transfer IN - DOH to DHS	\$1,466,000	
330			DOH - Disease Ctrl Prv - Proposed Appropriation Code Re-Organization		
331			DOH - Disease Ctrl Prv - Use Balance in the State Laboratory Drug Testing Account		(\$50,500)
332			DOH - Family Hlth Prep - Transfer funding for 4.0 FTE Nurses from the Division of Family Health & P	(\$93,700)	(\$93,700)
333			DOH - Med Hlth Fin - One-time Windfall From Federal Reconciliation		(\$715,000)
334			DOH - Med Hlth Fin - Transfer funding for 4.0 FTE Nurses to the Division of Medicaid and Health Fir	\$93,700	\$93,700
335			DOH - Med Hlth Fin - Use 3% Maximum from Nursing Restricted Account for Administration	(\$24,000)	(\$24,000)
336			DOH - Medicaid Mand - Change Medicaid eligibility cards from paper to plastic		\$23,000
337			DOH - Medicaid Mand - Portability - Transfer OUT - DOH to DHS	(\$1,466,000)	
338			DOH - Medicaid Opt - Inpatient Mental Health - Transfer IN of DHS to DOH	\$3,713,700	
339			DOH - Medicaid Opt - Shift Drugs to Medicare Part D	(\$88,000)	(\$44,500)
340			DWS - Ops and Policy - BY Ongoing Adjustments		
341			DWS - Ops and Policy - Change Medicaid eligibility cards from paper to plastic	(\$480,000)	\$185,000
Base Budget Changes Total				(\$1,556,200)	(\$640,500)
Reallocations					
342	1		DOH - Medicaid Mand - Medicaid caseload		(\$48,500,000)
343	3		USOR - USOR - Direct Client Services and Staffing Needs	\$95,600	
344	5	7	DHS - Child Family Svc - Domestic Violence Shelters	\$300,000	\$393,500
345	8		DOH - Med Hlth Fin - Utah Telehealth Services	\$35,000	

Subcommittee Reports to Executive Appropriations Committee General and Education Fund Uses (Appropriation Changes)

2014 General Session

col.	a	b	c	d	e
Row	Priority	1x Pri.	Item Description	Ongoing	One-time
346	9		DOH - Disease Ctrl Prv - HB 81 (2013 General Session, Menlove) Cytomegalovirus Public Health Init	\$20,000	
347	10		DOH - Medicaid Opt - Dental Provider Rates	\$360,400	
348	13		DHS - Child Family Svc - Mental Health Services Rates - DCFS	\$697,500	
349	18		DWS - General Assist - General Assistance	\$480,000	
350		1	DOH - Medicaid Mand - Medicaid Management Information System replacement		\$3,500,000
351		2	DHS - Sub Ab Ment Hlth - Restore Funding Loss Due to Medicaid Allocation - State Hospital		\$1,200,000
352		3	DHS - Svcs Ppl Disab - Youth Aging Out of DCFS Custody - DSPD		\$455,200
353		4	DOH - Family Hlth Prep - Baby Watch Early Intervention Caseload		\$220,000
354		5	DHS - Sub Ab Ment Hlth - Local Authority Mental Health Medicaid Match		\$2,000,000
355		6	DHS - Sub Ab Ment Hlth - Mental Health Early Intervention for Children/Youth		\$1,500,000
356		8	DHS - Sub Ab Ment Hlth - Weber HS Behavioral and Physical Health Integration Pilot		\$1,440,800
357		9	DHS - Sub Ab Ment Hlth - Positive Assistance Action Group - Weber Co		\$300,000
358		10	DHS - Child Family Svc - Family Resource Facilitator Higher Ed Navigator Program		\$750,000
359		11	DHS - Child Family Svc - GrandFamilies		\$600,000
360		12	DHS - Exec Dir Ops - Marriage Commission		\$300,000
361		13	DHS - Child Family Svc - Garland Community Resource Center - Infrastructure		\$104,000
362		14	DHS - Child Family Svc - Hyrum Community Resource Center - Infrastructure		\$150,000
363		15	DOH - Medicaid Mand - Increase Nursing Home Medicaid Rates		\$2,000,000
364		16	DOH - Med Hlth Fin - Telehealth Equipment for Medicaid		\$1,000,000
365		17	DHS - Sub Ab Ment Hlth - Electronic Health Record - DSAMH		\$106,000
366		18	DHS - Sub Ab Ment Hlth - Weber County Youth Impact Program		\$25,000
367		21	USOR - USOR - Independent Living Center Services		\$250,000
368		22	USOR - USOR - Assistive Technology Program - Independent Living Centers		\$500,000
369		23	DOH - Medicaid Mand - Tax on Medicaid and CHIP Providers From Federal Health Care Reform		\$2,032,900
370		36	DHS - Svcs Ppl Disab - Respite Care for People w Disabiities		\$330,200
371			DHS - Child Family Svc - Child and Family Services Replace GF with Nonlapsing		(\$3,200,000)
372			DHS - Recovery Svcs - Independent Study - Open CS Cases for Food Stamps		\$70,000
373			DHS - Recovery Svcs - Recovery Services Payment Processing Fee		

Subcommittee Reports to Executive Appropriations Committee General and Education Fund Uses (Appropriation Changes)

2014 General Session

col.	a	b	c	d	e
Row	Priority	1x Pri.	Item Description	Ongoing	One-time
374			DHS - Recovery Svcs - Recovery Services Credit Card Processing Fee		
375			DHS - Recovery Svcs - Savings in Recovery Services to Fund Open Chld Suppt Cases for FS		(\$70,000)
376			DHS - Sub Ab Ment Hlth - State Hospital - Savings from HB 14 Civil Commitment		(\$30,000)
377			DOH - CHIP - CHIP caseload adjustments	(\$500,000)	(\$4,000,000)
378			DOH - Exec Dir Ops - OIG to pay for attorney - In	\$60,000	
379			DOH - Med Hlth Fin - OIG to pay for attorney - Out	(\$60,000)	
380			DOH - Medicaid Mand - Medicaid Restricted Account (Sweep Balance)		(\$41,400)
381			DOH - Medicaid Opt - Lower Than Expected Autism Caseloads		(\$2,000,000)
382			DOH - Medicaid Opt - Savings From Non-emergency Medical Transportation Contract	(\$75,000)	(\$30,000)
383			DWS - Ops and Policy - Affordable Care Act Mandatory Changes		(\$1,130,200)
384			DWS - Ops and Policy - Savings From Higher Federal Match Rate for Certain Medicaid Eligibility Systems Maintenar		(\$10,570,000)
385			DWS - Ops and Policy - Special Administrative Expense Account		(\$1,500,000)
386			USOR - USOR - Medicaid Rates for Payments - USOR	(\$95,600)	
Reallocations Total				\$1,317,900	(\$51,844,000)
Add-ons					
387	1		DOH - Medicaid Mand - Medicaid caseload	\$13,100,000	
388	2		DHS - Svcs Ppl Disab - DSPD Mandated Additional Needs	\$1,048,800	
389	3		DHS - Svcs Ppl Disab - DSPD Disabilities Waiting List	\$1,000,000	
390	4		USOR - USOR - Direct Client Services and Staffing	\$1,666,000	
391	6		USOR - USOR - Caseworker II for Hard of Hearing	\$81,700	
392	7		DOH - Medicaid Opt - Autism Coverage	\$2,050,100	
393	10		DOH - Medicaid Opt - Dental Provider Rates	\$639,600	
394	11		DOH - Family Hlth Prep - Primary Care Grants	\$2,000,000	
395	12		DHS - Sub Ab Ment Hlth - State Hospital - New Building Operations and Maintenance	\$35,200	
396	15		DHS - Sub Ab Ment Hlth - Children's Center - Ongoing	\$250,000	
397	16		DOH - Family Hlth Prep - Rural Health Clinic Escalante	\$300,000	
398	17		DOH - Medicaid Opt - Medicaid Ambulance Reimbursement	\$500,000	

Subcommittee Reports to Executive Appropriations Committee General and Education Fund Uses (Appropriation Changes)

2014 General Session

col.	a	b	c	d	e
Row	Priority	1x Pri.	Item Description	Ongoing	One-time
399	18		DWS - General Assist - General Assistance Program	\$270,000	
400	19		DOH - Disease Ctrl Prv - Community Healthworker Certification	\$300,000	
401	20		DWS - HCD - Volunteer Income Tax Assistance	\$395,000	
402	21		DOH - Disease Ctrl Prv - Staff and equipment for the Public Health Laboratory	\$350,000	
403		23	DWS - HCD - Road Home - new shelter facility		\$500,000
404		24	DOH - Medicaid Mand - Tax on Medicaid and CHIP Providers From Federal Health Care Reform		\$114,900
405		25	DHS - Sub Ab Ment Hlth - Clubhouse Model Utah - Alliance House		\$360,000
406		26	DOH - Tr Brain Injury - Traumatic Brain Injury		\$200,000
407		27	DHS - Svcs Ppl Disab - Transportation for Individuals w Disabilities		\$150,000
408		29	DOH - Wkfc Fin Assist - Incentivize Medical Providers to Work in Underserved Areas		\$300,000
409		30	Txfrs-SS - Homeless Acct - Funding for Pamela Atkinson Homeless Trust Fund		\$500,000
410		31	DHS - Aging Adult Svcs - Aging Nutrition		\$150,000
411		32	DHS - Aging Adult Svcs - Adult protective services caseworkers		\$142,800
412		35	DOH - Family Hlth Prep - Facility Licensing		\$200,000
413		36	DHS - Sub Ab Ment Hlth - Suicide Prevention Material		\$150,000
414		37	DHS - Svcs Ppl Disab - Respite Services for Persons with Disability		\$900,000
415		38	DHS - Svcs Ppl Disab - Best Buddies		\$50,000
416		39	DWS - HCD - American Cancer Society - Hope Lodge		\$2,000,000
417		40	DOH - Disease Ctrl Prv - Alzheimers state plan implementation		\$350,000
418		41	Txfrs-SS - Ext Defib Acct - Automated External Defibrillator Device Funding		\$300,000
419		42	DOH - Family Hlth Prep - Primary Care Grants		\$200,000
420		43	DWS - HCD - Tax Credit for Employing a Homeless Person		\$100,000
421		44	DOH - Family Hlth Prep - Dental Care Partnership (HB 125 from 2012 General Session)		\$25,000
422		45	DOH - Disease Ctrl Prv - Use Only As Directed Prescription Drug Awareness Campaign		\$350,000
Add-ons Total				\$23,986,400	\$7,042,700
Social Services Total				\$23,748,100	(\$45,441,800)

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
Row		Ongoing	One-time
1101	Social Services		
1102	Base Budget Changes		
1103	Business-like Activities		
1104	DWS - Unemp Comp Fund - ARRA Adjustments		
1105	American Recovery and Reinvestment Act		\$36,575,000
1106	DWS - Unemp Comp Fund - BY Ongoing Adjustments		
1107	Dedicated Credits Revenue	\$32,000,000	
1108	Federal Funds	\$3,000,000	
1109	Interest Income	\$14,000,000	
1110	Premiums	\$403,975,000	
1111	Unemployment Compensation Fund	(\$466,550,000)	
1112	Business-like Activities Total	(\$13,575,000)	\$36,575,000
1113	Expendable Funds and Accounts		
1114	DHS - Out & About Hmbd Transp Assist Fund - Out and About Homebound Transportation Assistance Fund		
1115	Dedicated Credits Revenue	\$6,100	
1116	Beginning Nonlapsing	\$126,000	
1117	Closing Nonlapsing	(\$126,000)	
1118	DHS - St Devel Ctr Misc Donation Fund - State Development Center Misc Donation Fund		
1119	Dedicated Credits Revenue	\$72,200	
1120	Interest Income	\$3,600	
1121	Beginning Nonlapsing	\$571,400	
1122	Closing Nonlapsing	(\$571,400)	
1123	DHS - St Devel Ctr Workshop Fund - State Development Center Workshop Fund		
1124	Dedicated Credits Revenue	\$126,800	
1125	Beginning Nonlapsing	\$6,400	
1126	Closing Nonlapsing	(\$6,400)	
1127	DHS - St Hospital Unit Fund - State Hospital Unit Fund		

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
		Ongoing	One-time
1128	Dedicated Credits Revenue	\$47,500	
1129	Beginning Nonlapsing	\$320,400	
1130	Closing Nonlapsing	(\$320,400)	
1131	DOH - Organ Don Contrib Fund - Off-budget fund changes		
1132	Dedicated Credits Revenue	\$68,000	
1133	Interest Income	\$100	
1134	Beginning Fund Balance	\$38,700	
1135	Ending Fund Balance	(\$63,500)	
1136	DWS - Child Care Fund - Off-budget fund changes		
1137	Interest Income	\$200	
1138	Beginning Fund Balance	\$23,600	
1139	Ending Fund Balance	(\$23,800)	
1140	DWS - OWHLF - Federal Funds Adjustments		
1141	Federal Funds	\$4,500,000	
1142	DWS - Perm Cmt Imp Fd - BY Ongoing Adjustments		
1143	Beginning Fund Balance	(\$57,271,600)	
1144	Ending Fund Balance	\$94,601,500	
1145	DWS - Perm Cmt Imp Fd - Off-budget fund changes		
1146	Dedicated Credits Revenue	(\$700)	
1147	Interest Income	(\$7,220,900)	
1148	Beginning Fund Balance	(\$310,891,900)	
1149	Ending Fund Balance	\$321,527,500	
1150	DWS - Perm Cmty Impact Bonus Fund - Off-budget fund changes		
1151	Dedicated Credits Revenue	\$700	
1152	Interest Income	\$7,220,900	
1153	Beginning Fund Balance	\$310,891,900	
1154	Ending Fund Balance	(\$321,527,500)	
1155	Transfers	\$3,442,900	
1156	USOR - Visually Hndcpd Fund - Visually Handicapped Fund		

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
		Ongoing	One-time
1157	Dedicated Credits Revenue	\$11,000	
1158	Interest Income	\$6,300	
1159	Beginning Nonlapsing	\$991,300	
1160	Closing Nonlapsing	(\$991,300)	
1161	Expendable Funds and Accounts Total	\$45,589,600	
1162	Operating and Capital Budgets		
1163	DHS - Aging Adult Svcs - FMAP or Federal Medical Assistance Percentage Change		
1164	General Fund	(\$13,900)	
1165	Transfers - Medicaid	\$13,900	
1166	DHS - Child Family Svc - FMAP or Federal Medical Assistance Percentage Change		
1167	General Fund	(\$115,900)	
1168	Federal Funds	\$61,700	
1169	Transfers - Medicaid	\$54,200	
1170	DHS - Recovery Svcs - CY Supplemental Adjustments		
1171	Dedicated Credits Revenue		\$5,506,100
1172	Federal Funds		(\$5,506,100)
1173	DHS - Recovery Svcs - Dedicated Credits - Exceeded 125% Rule - Committee Authorized		
1174	Dedicated Credits Revenue	\$5,506,100	
1175	DHS - Sub Ab Ment Hlth - FMAP or Federal Medical Assistance Percentage Change		
1176	General Fund	(\$50,600)	
1177	Transfers - Medicaid	\$50,600	
1178	DHS - Sub Ab Ment Hlth - Inpatient Mental Health - Transfer OUT of DHS to DOH		
1179	General Fund	(\$3,713,700)	
1180	DHS - Sub Ab Ment Hlth - State Hospital - Operations and Maintenance Savings		
1181	General Fund, One-time		(\$14,500)
1182	DHS - Svcs Ppl Disab - FMAP or Federal Medical Assistance Percentage Change		
1183	General Fund	(\$783,800)	
1184	Transfers - Medicaid	\$783,800	

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
		Ongoing	One-time
1185	DHS - Svcs Ppl Disab - Portability - Transfer IN - DOH to DHS		
1186	General Fund	\$1,466,000	
1187	DOH - CHIP - Federal Funds Adjustments		
1188	Federal Funds		(\$20,345,100)
1189	DOH - Disease Ctrl Prv - ARRA Adjustments		
1190	American Recovery and Reinvestment Act		\$92,400
1191	DOH - Disease Ctrl Prv - Federal Funds Adjustments		
1192	Federal Funds	\$28,000,000	(\$8,083,300)
1193	DOH - Disease Ctrl Prv - Proposed Appropriation Code Re-Organization		
1194	General Fund		
1195	Dedicated Credits Revenue		
1196	Federal Funds		
1197	GFR - State Lab Drug Testing Account		
1198	DOH - Disease Ctrl Prv - Use Balance in the State Laboratory Drug Testing Account		
1199	General Fund, One-time		(\$50,500)
1200	GFR - State Lab Drug Testing Account		\$50,500
1201	DOH - Exec Dir Ops - ARRA Adjustments		
1202	American Recovery and Reinvestment Act		\$740,700
1203	DOH - Exec Dir Ops - Federal Funds Adjustments		
1204	Federal Funds	\$2,903,700	\$1,149,100
1205	DOH - Exec Dir Ops - Kurt Oscarson Childrens Organ Transplant Adjustments		
1206	GFR - Children's Organ Transplant	(\$101,100)	
1207	DOH - Exec Dir Ops - Off-budget fund changes		
1208	Organ Donation Contribution Fund	(\$113,000)	
1209	DOH - Family Hlth Prep - BY Ongoing Adjustments		
1210	Transfers - Medicaid	\$656,000	
1211	Pass-through	\$656,000	
1212	DOH - Family Hlth Prep - Dedicated Credit Adjustments		
1213	Dedicated Credits Revenue		\$3,647,000

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
row		Ongoing	One-time
1214	DOH - Family Hlth Prep - Federal Funds Adjustments		
1215	Federal Funds		(\$2,844,200)
1216	DOH - Family Hlth Prep - Kurt Oscarson Childrens Organ Transplant Adjustments		
1217	GFR - Children's Organ Transplant	\$101,100	
1218	DOH - Family Hlth Prep - Transfer funding for 4.0 FTE Nurses from the Division of Family Health & Preparedness		
1219	General Fund	(\$93,700)	
1220	General Fund, One-time		(\$93,700)
1221	Federal Funds	(\$261,000)	(\$261,000)
1222	DOH - Med Hlth Fin - ARRA Adjustments		
1223	American Recovery and Reinvestment Act		\$943,300
1224	DOH - Med Hlth Fin - Federal Funds Adjustments		
1225	Federal Funds		\$8,488,200
1226	DOH - Med Hlth Fin - One-time Windfall From Federal Reconciliation		
1227	General Fund, One-time		(\$715,000)
1228	Federal Funds		\$715,000
1229	DOH - Med Hlth Fin - Transfer funding for 4.0 FTE Nurses to the Division of Medicaid and Health Financing		
1230	General Fund	\$93,700	
1231	General Fund, One-time		\$93,700
1232	Federal Funds	\$261,000	\$261,000
1233	DOH - Med Hlth Fin - Use 3% Maximum from Nursing Restricted Account for Administration		
1234	General Fund	(\$24,000)	
1235	General Fund, One-time		(\$24,000)
1236	GFR - Nursing Care Facilities Account	\$24,000	\$24,000
1237	DOH - Medicaid Mand - Change Medicaid eligibility cards from paper to plastic		
1238	General Fund, One-time		\$23,000
1239	Federal Funds		\$23,000
1240	DOH - Medicaid Mand - Hospital Provider Assessment Fund Adjustment		
1241	Federal Funds	\$3,605,500	\$3,557,300
1242	Hospital Provider Assessment	\$1,500,000	\$1,500,000

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		<i>a</i>	<i>b</i>
row		Ongoing	One-time
1243	DOH - Medicaid Mand - Nursing Care Facility Assessment Restricted Fund Increase		
1244	Federal Funds	\$3,605,500	\$3,526,800
1245	GFR - Nursing Care Facilities Account	\$1,500,000	\$1,500,000
1246	DOH - Medicaid Mand - Portability - Transfer OUT - DOH to DHS		
1247	General Fund	(\$1,466,000)	
1248	DOH - Medicaid Mand - Use 3% Maximum from Nursing Restricted Account for Administration		
1249	Federal Funds	(\$57,400)	(\$56,400)
1250	GFR - Nursing Care Facilities Account	(\$24,000)	(\$24,000)
1251	DOH - Medicaid Opt - ARRA Adjustments		
1252	American Recovery and Reinvestment Act		\$70,565,000
1253	DOH - Medicaid Opt - Inpatient Mental Health - Transfer IN of DHS to DOH		
1254	General Fund	\$3,713,700	
1255	DOH - Medicaid Opt - Shift Drugs to Medicare Part D		
1256	General Fund	(\$88,000)	
1257	General Fund, One-time		(\$44,500)
1258	Federal Funds	(\$210,400)	(\$104,600)
1259	DWS - Administration - CY Supplemental Adjustments		
1260	Dedicated Credits Revenue		\$47,800
1261	DWS - Administration - Dedicated Credits - Exceeded 125% Rule - Committee Authorized		
1262	Dedicated Credits Revenue	\$47,800	
1263	DWS - HCD - ARRA Adjustments		
1264	American Recovery and Reinvestment Act		\$28,000

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
		Ongoing	One-time
1265	DWS - HCD - Dedicated Credit Adjustments		
1266	Dedicated Credits Revenue	\$1,000,000	\$520,000
1267	DWS - HCD - Pamela Atkinson Homeless Account Adjustments		
1268	GFR - Homeless Account		\$500,000
1269	DWS - Ops and Policy - ARRA Adjustments		
1270	American Recovery and Reinvestment Act	\$2,000,000	\$3,000,000
1271	DWS - Ops and Policy - BY Ongoing Adjustments		
1272	General Fund		
1273	DWS - Ops and Policy - Change Medicaid eligibility cards from paper to plastic		
1274	General Fund	(\$480,000)	
1275	General Fund, One-time		\$185,000
1276	Transfers - Medicaid	(\$480,000)	\$185,000
1277	DWS - Ops and Policy - Transfers - Medicaid Adjustments		
1278	Transfers - Medicaid	(\$24,139,100)	
1279	DWS - Unemploy Insur - ARRA Adjustments		
1280	American Recovery and Reinvestment Act	\$300,000	\$500,000
1281	USOR - USOR - Federal Funds Adjustments		
1282	Federal Funds	(\$14,417,800)	(\$14,417,800)
1283	Operating and Capital Budgets Total	\$11,270,900	\$54,787,200
1284	Transfers to Unrestricted Funds		
1285	Rev-DOH - General Fund - Close Fund 1052 Victims of Domestic Violence Services Account		
1286	GFR - Domestic Violence		\$15,500
1287	Transfers to Unrestricted Funds Total		\$15,500
1288	Reallocations		
1289	Operating and Capital Budgets		
1290	DHS - Child Family Svc - Child and Family Services Replace GF with Nonlapsing		
1291	General Fund, One-time		(\$3,200,000)

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Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
		Ongoing	One-time
1292	DHS - Child Family Svc - Children's Account		
1293	GFR - Children's Account	\$50,000	
1294	DHS - Child Family Svc - Domestic Violence Shelters		
1295	General Fund	\$300,000	
1296	General Fund, One-time		\$393,500
1297	DHS - Child Family Svc - Family Resource Facilitator Higher Ed Navigator Program		
1298	General Fund, One-time		\$750,000
1299	DHS - Child Family Svc - Family Resource Facilitators - TANF		
1300	Federal Funds		\$750,000
1301	DHS - Child Family Svc - Garland Community Resource Center - Infrastructure		
1302	General Fund, One-time		\$104,000
1303	DHS - Child Family Svc - Garland Community Resource Center - TANF		
1304	Federal Funds		\$104,000
1305	DHS - Child Family Svc - GrandFamilies		
1306	General Fund, One-time		\$600,000
1307	DHS - Child Family Svc - Hyrum Community Resource Center - Infrastructure		
1308	General Fund, One-time		\$150,000
1309	DHS - Child Family Svc - Hyrum Community Resource Center - TANF		
1310	Federal Funds		\$150,000
1311	DHS - Child Family Svc - Mental Health Services Rates - DCFS		
1312	General Fund	\$697,500	
1313	Federal Funds	\$301,700	
1314	DHS - Exec Dir Ops - Marriage Commission		
1315	General Fund, One-time		\$300,000
1316	DHS - Exec Dir Ops - Marriage Commission - TANF		
1317	Federal Funds		\$300,000
1318	DHS - Recovery Svcs - Independent Study - Open CS Cases for Food Stamps		
1319	General Fund, One-time		\$70,000
1320	DHS - Recovery Svcs - Recovery Services Payment Processing Fee		

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
		Ongoing	One-time
1321	General Fund		
1322	Dedicated Credits Revenue	\$2,029,700	
1323	DHS - Recovery Svcs - Recovery Services Credit Card Processing Fee		
1324	General Fund		
1325	Dedicated Credits Revenue	\$23,600	
1326	DHS - Recovery Svcs - Savings in Recovery Services to Fund Open Chld Suppt Cases for FS		
1327	General Fund, One-time		(\$70,000)
1328	DHS - Sub Ab Ment Hlth - Children's Center - TANF		
1329	Federal Funds		\$250,000
1330	DHS - Sub Ab Ment Hlth - Clubhouse Model Utah - Alliance House - TANF		
1331	Federal Funds		\$360,000
1332	DHS - Sub Ab Ment Hlth - Electronic Health Record - DSAMH		
1333	General Fund, One-time		\$106,000
1334	DHS - Sub Ab Ment Hlth - Local Authority Mental Health Medicaid Match		
1335	General Fund, One-time		\$2,000,000
1336	DHS - Sub Ab Ment Hlth - Mental Health and Early Intervention for Children/Youth - TANF		
1337	Federal Funds		\$1,500,000
1338	DHS - Sub Ab Ment Hlth - Mental Health Early Intervention for Children/Youth		
1339	General Fund, One-time		\$1,500,000
1340	DHS - Sub Ab Ment Hlth - Positive Assistance Action Group - Weber Co		
1341	General Fund, One-time		\$300,000
1342	DHS - Sub Ab Ment Hlth - Restore Funding Loss Due to Medicaid Allocation - State Hospital		
1343	General Fund, One-time		\$1,200,000
1344	DHS - Sub Ab Ment Hlth - State Hospital - Savings from HB 14 Civil Commitment		
1345	General Fund, One-time		(\$30,000)
1346	DHS - Sub Ab Ment Hlth - Weber County Youth Impact Program		
1347	General Fund, One-time		\$25,000
1348	Federal Funds		\$50,000
1349	DHS - Sub Ab Ment Hlth - Weber HS Behavioral and Physical Health Integration Pilot		

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
		Ongoing	One-time
1350	General Fund, One-time		\$1,440,800
1351	DHS - Svcs Ppl Disab - Respite Care for People w Disabiities		
1352	General Fund, One-time		\$330,200
1353	DHS - Svcs Ppl Disab - Respite Services for Persons with Disability - TANF		
1354	Federal Funds		\$900,000
1355	DHS - Svcs Ppl Disab - Supported Employment - Ind w Disabilities - TANF		
1356	Federal Funds		\$1,000,000
1357	DHS - Svcs Ppl Disab - Youth Aging Out of DCFS Custody - DSPD		
1358	General Fund, One-time		\$455,200
1359	DOH - CHIP - CHIP caseload adjustments		
1360	General Fund	(\$500,000)	
1361	General Fund, One-time		(\$4,000,000)
1362	Federal Funds	(\$1,953,700)	(\$15,147,900)
1363	DOH - Disease Ctrl Prv - HB 81 (2013 General Session, Menlove) Cytomegalovirus Public Health Initiative		
1364	General Fund	\$20,000	
1365	DOH - Exec Dir Ops - OIG to pay for attorney - In		
1366	General Fund	\$60,000	
1367	DOH - Family Hlth Prep - Baby Watch Early Intervention Caseload		
1368	General Fund, One-time		\$220,000
1369	DOH - Family Hlth Prep - Federal Funds Adjustments		
1370	Federal Funds	(\$15,000,000)	(\$5,000,000)
1371	DOH - Med Hlth Fin - Assistant Attorney General at the Department of Health		
1372	Transfers - Medicaid - DAS		\$60,000
1373	DOH - Med Hlth Fin - OIG to pay for attorney - Out		
1374	General Fund	(\$60,000)	
1375	DOH - Med Hlth Fin - Telehealth Equipment for Medicaid		
1376	General Fund, One-time		\$1,000,000
1377	Federal Funds		\$1,000,000
1378	DOH - Med Hlth Fin - Utah Telehealth Services		

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
		Ongoing	One-time
1379	General Fund	\$35,000	
1380	Federal Funds	\$35,000	
1381	DOH - Medicaid Mand - Increase Nursing Home Medicaid Rates		
1382	General Fund, One-time		\$2,000,000
1383	Federal Funds		\$4,780,800
1384	DOH - Medicaid Mand - Medicaid caseload		
1385	General Fund, One-time		(\$48,500,000)
1386	Federal Funds		(\$110,528,000)
1387	DOH - Medicaid Mand - Medicaid Management Information System replacement		
1388	General Fund, One-time		\$3,500,000
1389	Federal Funds		\$31,500,000
1390	DOH - Medicaid Mand - Medicaid Restricted Account (Sweep Balance)		
1391	General Fund, One-time		(\$41,400)
1392	GFR - Medicaid Restricted		\$41,400
1393	DOH - Medicaid Mand - Tax on Medicaid and CHIP Providers From Federal Health Care Reform		
1394	General Fund, One-time		\$2,032,900
1395	Federal Funds		\$4,859,300
1396	DOH - Medicaid Opt - Dental Provider Rates		
1397	General Fund	\$360,400	
1398	Federal Funds	\$861,500	
1399	DOH - Medicaid Opt - Federal Funds Adjustments		
1400	Federal Funds	\$15,000,000	\$5,000,000
1401	DOH - Medicaid Opt - Lower Than Expected Autism Caseloads		
1402	General Fund, One-time		(\$2,000,000)
1403	Federal Funds		(\$4,701,900)
1404	DOH - Medicaid Opt - Nursing Care Restricted Fund Increase		
1405	Federal Funds	\$1,385,700	
1406	GFR - Nursing Care Facilities Account	\$411,000	
1407	DOH - Medicaid Opt - Savings From Non-emergency Medical Transportation Contract		

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
		Ongoing	One-time
1408	General Fund	(\$75,000)	
1409	General Fund, One-time		(\$30,000)
1410	Federal Funds	(\$179,300)	(\$70,500)
1411	DWS - General Assist - General Assistance		
1412	General Fund	\$480,000	
1413	DWS - HCD - Pamela Atkinson Homeless Account Adjustments		
1414	GFR - Homeless Account		\$400,000
1415	DWS - Ops and Policy - Affordable Care Act Mandatory Changes		
1416	General Fund, One-time		(\$1,130,200)
1417	Federal Funds		(\$1,130,200)
1418	DWS - Ops and Policy - After school programs to address intergenerational poverty - TANF		
1419	Federal Funds		\$2,179,200
1420	DWS - Ops and Policy - Child care competitive rate subsidy increase - TANF		
1421	Federal Funds		\$8,193,200
1422	DWS - Ops and Policy - Child Care for 60 Days During Temporary Unemployment - TANF		
1423	Federal Funds		\$566,600
1424	DWS - Ops and Policy - Employment Services		
1425	Unemployment Compensation Fund		\$4,576,000
1426	DWS - Ops and Policy - Refugee Services - TANF		
1427	Federal Funds		\$1,500,000
1428	DWS - Ops and Policy - Savings From Higher Federal Match Rate for Certain Medicaid Eligibility Systems Maintenance and Operations		
1429	General Fund, One-time		(\$10,570,000)
1430	Federal Funds		\$10,570,000
1431	DWS - Ops and Policy - Special Administrative Expense Account		
1432	General Fund, One-time		(\$1,500,000)
1433	GFR - Special Administrative Expense		\$10,000,000
1434	DWS - Unemploy Insur - Special Administrative Expense Account		
1435	GFR - Special Administrative Expense		\$2,000,000
1436	USOR - USOR - Assistive Technology Program - Independent Living Centers		

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
		Ongoing	One-time
1437	Education Fund, One-time		\$500,000
1438	USOR - USOR - Direct Client Services and Staffing Needs		
1439	Education Fund	\$95,600	
1440	USOR - USOR - Independent Living Center Services		
1441	Education Fund, One-time		\$250,000
1442	USOR - USOR - Medicaid Rates for Payments - USOR		
1443	Education Fund	(\$95,600)	
1444	Operating and Capital Budgets Total	\$4,283,100	(\$95,832,000)
1445	Add-ons		
1446	Expendable Funds and Accounts		
1447	DOH - Tr Brain Injury - Traumatic Brain Injury		
1448	General Fund, One-time		\$200,000
1449	Expendable Funds and Accounts Total		\$200,000
1450	Operating and Capital Budgets		
1451	DHS - Aging Adult Svcs - Adult protective services caseworkers		
1452	General Fund, One-time		\$142,800
1453	DHS - Aging Adult Svcs - Aging Nutrition		
1454	General Fund, One-time		\$150,000
1455	Federal Funds		\$150,000
1456	DHS - Sub Ab Ment Hlth - Children's Center - Ongoing		
1457	General Fund	\$250,000	
1458	DHS - Sub Ab Ment Hlth - Clubhouse Model Utah - Alliance House		
1459	General Fund, One-time		\$360,000
1460	DHS - Sub Ab Ment Hlth - State Hospital - New Building Operations and Maintenance		
1461	General Fund	\$35,200	
1462	DHS - Sub Ab Ment Hlth - Suicide Prevention Material		
1463	General Fund, One-time		\$150,000

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		<i>a</i>	<i>b</i>
row		Ongoing	One-time
1464	DHS - Svcs Ppl Disab - Best Buddies		
1465	General Fund, One-time		\$50,000
1466	DHS - Svcs Ppl Disab - DSPD Disabilities Waiting List		
1467	General Fund	\$1,000,000	
1468	Transfers - Medicaid	\$2,500,100	
1469	DHS - Svcs Ppl Disab - DSPD Mandated Additional Needs		
1470	General Fund	\$1,048,800	
1471	Transfers - Medicaid	\$2,506,900	
1472	DHS - Svcs Ppl Disab - Respite Services for Persons with Disability		
1473	General Fund, One-time		\$900,000
1474	DHS - Svcs Ppl Disab - Transportation for Individuals w Disabilities		
1475	General Fund, One-time		\$150,000
1476	Transfers - Medicaid		\$358,600
1477	DOH - Disease Ctrl Prv - Alzheimers state plan implementation		
1478	General Fund, One-time		\$350,000
1479	DOH - Disease Ctrl Prv - Community Healthworker Certification		
1480	General Fund	\$300,000	
1481	DOH - Disease Ctrl Prv - Staff and equipment for the Public Health Laboratory		
1482	General Fund	\$350,000	
1483	DOH - Disease Ctrl Prv - Use Only As Directed Prescription Drug Awareness Campaign		
1484	General Fund, One-time		\$350,000
1485	DOH - Family Hlth Prep - Dental Care Partnership (HB 125 from 2012 General Session)		
1486	General Fund, One-time		\$25,000
1487	DOH - Family Hlth Prep - Facility Licensing		
1488	General Fund, One-time		\$200,000
1489	DOH - Family Hlth Prep - Primary Care Grants		
1490	General Fund	\$2,000,000	
1491	General Fund, One-time		\$200,000
1492	DOH - Family Hlth Prep - Rural Health Clinic Escalante		

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

col.		a	b
Row		Ongoing	One-time
1493	General Fund	\$300,000	
1494	DOH - Medicaid Mand - Medicaid caseload		
1495	General Fund	\$13,100,000	
1496	Federal Funds	\$31,314,300	
1497	DOH - Medicaid Mand - Tax on Medicaid and CHIP Providers From Federal Health Care Reform		
1498	General Fund, One-time		\$114,900
1499	Federal Funds		\$274,700
1500	DOH - Medicaid Opt - Autism Coverage		
1501	General Fund	\$2,050,100	
1502	Federal Funds	\$4,487,700	
1503	DOH - Medicaid Opt - Dental Provider Rates		
1504	General Fund	\$639,600	
1505	Federal Funds	\$1,528,900	
1506	DOH - Medicaid Opt - Medicaid Ambulance Reimbursement		
1507	General Fund	\$500,000	
1508	Federal Funds	\$1,195,200	
1509	DOH - Wkfc Fin Assist - Incentivize Medical Providers to Work in Underserved Areas		
1510	General Fund, One-time		\$300,000
1511	DWS - General Assist - General Assistance Program		
1512	General Fund	\$270,000	
1513	DWS - HCD - American Cancer Society - Hope Lodge		
1514	General Fund, One-time		\$2,000,000
1515	DWS - HCD - Funding for Pamela Atkinson Homeless Trust Fund		
1516	GFR - Homeless Account		\$500,000
1517	DWS - HCD - Road Home - new shelter facility		
1518	General Fund, One-time		\$500,000
1519	DWS - HCD - Tax Credit for Employing a Homeless Person		
1520	Education Fund, One-time		\$100,000
1521	DWS - HCD - Volunteer Income Tax Assistance		

Subcommittee Reports to Executive Appropriations Committee

Appropriations Changes from All Funds and Accounts

2014 General Session

<i>col.</i>		<i>a</i>	<i>b</i>
<i>Row</i>		Ongoing	One-time
1522	General Fund	\$395,000	
1523	USOR - USOR - Caseworker II for Hard of Hearing		
1524	Education Fund	\$81,700	
1525	USOR - USOR - Direct Client Services and Staffing		
1526	Education Fund	\$1,666,000	
1527	Federal Funds	\$6,155,600	
1528	Operating and Capital Budgets Total	\$73,675,100	\$7,326,000
1529	Restricted Fund and Account Transfers		
1530	Txfrs-SS - Ext Defib Acct - Automated External Defibrillator Device Funding		
1531	General Fund, One-time		\$300,000
1532	Txfrs-SS - Homeless Acct - Funding for Pamela Atkinson Homeless Trust Fund		
1533	General Fund, One-time		\$500,000
1534	Restricted Fund and Account Transfers Total		\$800,000

Joint Appropriations Subcommittee for Social Services

Health - Executive Director's Operations

24. *The Legislature intends that the Inspector General of Medicaid Services pay the full state cost of the one attorney FTE that it is using at the Department of Health.*
25. *The Legislature intends that the Departments of Workforce Services, Health, Human Services, Technology Services, and the Utah State Office of Rehabilitation provide a report regarding all current background checks of individuals and possible efficiencies for consolidation. The Legislature intends that agencies provide a report to the Office of the Legislative Fiscal Analyst by September 1, 2014. The report shall include the following regarding each background check program: (1) name and purpose of the program, (2) expenditures and staffing for the last three years, (3) types of problems the background check is looking for, (4) the databases searched, and (5) technology used. The report should provide recommendations where different background check systems might be combined.*

Health - Medicaid Mandatory Services

26. *The Legislature intends that the Department of Health report quarterly to the Office of the Legislative Fiscal Analyst on the status of replacing the Medicaid Management Information System replacement beginning September 30, 2014. The reports should include, where applicable, the responses to any requests for proposals.*

Workforce Services - Administration

27. *The Legislature intends that the Departments of Workforce Services, Health, Human Services, Technology Services, and the Utah State Office of Rehabilitation provide a report regarding all current background checks of individuals and possible efficiencies for consolidation. The Legislature intends that agencies provide a report to the Office of the Legislative Fiscal Analyst by September 1, 2014. The report shall include the following regarding each background check program: (1) name and purpose of the program, (2) expenditures and staffing for the last three years, (3) types of problems the background check is looking for, (4) the databases searched, and (5) technology used. The report should provide recommendations where different background check systems might be combined.*

Workforce Services - Operations and Policy

28. *The Legislature intends the Department of Workforce Services (DWS) actively seek ways to use available Temporary Assistance for Needy Families (TANF) funding to increase services to families in need statewide. The Legislature further intends DWS provide to the Office of the Legislative Fiscal Analyst no later than September 1, 2014 a report that includes a(n): 1) detail of DWS efforts to serve families in need statewide including additional ways of serving families pursued in the prior 6 months, 2) analysis of relevant fiscal implications including implications on systems and staffing, 3) review of demographic data informing why individuals are currently not receiving services, 4) review of other options to implement additional services and programs, 5) inventory of other states currently availing themselves of options not currently in place in Utah, and 6) further options for Legislative consideration to use available TANF funding to better serve families in need statewide.*

Human Services - Executive Director Operations

29. *The Legislature intends that the Departments of Workforce Services, Health, Human Services, Technology Services, and the Utah State Office of Rehabilitation provide a report regarding all current background checks of individuals and possible efficiencies for consolidation. The Legislature intends that agencies provide a report to the Office of the Legislative Fiscal Analyst by September 1, 2014. The report shall include the following regarding each background check program: (1) name and purpose of the program, (2) expenditures and staffing for the last three years, (3) types of problems the background check is looking for, (4) the databases searched, and (5) technology used. The report should provide recommendations where different background check systems might be combined.*

Joint Appropriations Subcommittee for Social Services

Human Services - Services for People w/ Disabilities

30. *The Legislature intends the Division of Services for People with Disabilities (DSPD) in the Department of Human Services actively seek ways to revise its Needs Assessment process to insure, within the requirements found at UCA 62A-5-102(4)(b) regarding allocation of new appropriations for eligible persons waiting for services from DSPD, that in determining the prioritization for funding, a person's age, family status, and family income are not a part of the needs determination. The Legislature further intends DSPD provide to the Office of the Legislative Fiscal Analyst no later than September 1, 2014 a report that includes a(n): 1) detailed description of the current Needs Assessment process, 2) review of other options and their impact including possible modifications to current statute, 3) review of relevant data informing why individuals are currently not receiving services, and 4) assessment of other states' processes and how they determine who receives funding. The Legislature further intends that the study include supported employment to determine if we are being successful in keeping people off of the waiting list.*

Human Services - Office of Recovery Services

31. *The Legislature intends the \$70,000 in new funding provided for the Independent Study Requiring an Open Child Support Case as a Condition of Food Stamps Eligibility to the Department of Human Services require that the independent study be provided to the Office of the Legislative Fiscal Analyst no later than September 1, 2014. The study shall include a(n): 1) discussion of options for a voluntary program, 2) implication on systems and staffing, 3) analysis of relevant fiscal implications, 4) review of demographic data informing why individuals are currently not seeking child support, 5) review of phase-in options to implement, 6) inventory of other states currently availing themselves of this option, and 7) results following implementation of a similar policy with Temporary Assistance for Needy Families and Medicaid.*

State Office of Rehabilitation

32. *The Legislature intends that the Departments of Workforce Services, Health, Human Services, Technology Services, and the Utah State Office of Rehabilitation provide a report regarding all current background checks of individuals and possible efficiencies for consolidation. The Legislature intends that agencies provide a report to the Office of the Legislative Fiscal Analyst by September 1, 2014. The report shall include the following regarding each background check program: (1) name and purpose of the program, (2) expenditures and staffing for the last three years, (3) types of problems the background check is looking for, (4) the databases searched, and (5) technology used. The report should provide recommendations where different background check systems might be combined.*

UTAH DEPARTMENT OF HEALTH
Division of Family Health and Preparedness

2014

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%	CHIP* 200%
Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	\$972.50	\$0.00 to \$1,293.43	\$1,293.44 to \$1,458.75	\$1,458.76 to \$1,799.13	\$1,799.14 to \$2,188.13	\$2,188.14 and up	\$1,945.00
2	\$1,310.83	\$0.00 to \$1,743.41	\$1,743.42 to \$1,966.25	\$1,966.26 to \$2,425.04	\$2,425.05 to \$2,949.38	\$2,949.39 and up	\$2,621.67
3	\$1,649.17	\$0.00 to \$2,193.39	\$2,193.40 to \$2,473.75	\$2,473.76 to \$3,050.96	\$3,050.97 to \$3,710.63	\$3,710.64 and up	\$3,298.33
4	\$1,987.50	\$0.00 to \$2,643.38	\$2,643.39 to \$2,981.25	\$2,981.26 to \$3,676.88	\$3,676.89 to \$4,471.88	\$4,471.89 and up	\$3,975.00
5	\$2,325.83	\$0.00 to \$3,093.36	\$3,093.37 to \$3,488.75	\$3,488.76 to \$4,302.79	\$4,302.80 to \$5,233.13	\$5,233.14 and up	\$4,651.67
6	\$2,664.17	\$0.00 to \$3,543.34	\$3,543.35 to \$3,996.25	\$3,996.26 to \$4,928.71	\$4,928.72 to \$5,994.38	\$5,994.39 and up	\$5,328.33
7	\$3,002.50	\$0.00 to \$3,993.33	\$3,993.34 to \$4,503.75	\$4,503.76 to \$5,554.63	\$5,554.64 to \$6,755.63	\$6,755.64 and up	\$6,005.00
8	\$3,340.83	\$0.00 to \$4,443.31	\$4,443.32 to \$5,011.25	\$5,011.26 to \$6,180.54	\$6,180.55 to \$7,516.88	\$7,516.89 and up	\$6,681.67
Each Additional Family Member	\$338.33	\$449.98	\$507.50	\$625.92	\$761.25	\$761.25	\$676.67

NOTE: This DFHP schedule is based on the Federal Poverty Guidelines scheduled to be published in the Federal Register January 26, 2014. <http://aspe.hhs.gov/poverty/14poverty.cfm> 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) 01/26/2014



UTAH DEPARTMENT OF HEALTH



**Baby Watch Early Intervention Program
2014-15 Sliding Fee Schedule
Effective 1 July 2014**

Family Size	Federal Poverty	100%	186%	200%	250%	300%	400%	500%	600%	700%	800%	900%	1000%	1100%	1200%
		Exempt	\$10	\$20	\$30	\$40	\$50	\$60	\$80	\$100	\$120	\$140	\$160	\$180	\$200
2	\$15,730	\$0.00	\$29,257.80	\$31,460.00	\$39,325.00	\$47,190.00	\$62,920.00	\$78,650.00	\$94,380.00	\$110,110.00	\$125,840.00	\$141,570.00	\$157,300.00	\$173,030.00	\$188,760.00
		to	and												
		\$29,257.79	\$31,459.99	\$39,324.99	\$47,189.99	\$62,919.99	\$78,649.99	\$94,379.99	\$110,109.99	\$125,839.99	\$141,569.99	\$157,299.99	\$173,029.99	\$188,759.99	above
3	\$19,790	\$0.00	\$36,809.40	\$39,580.00	\$49,475.00	\$59,370.00	\$79,160.00	\$98,950.00	\$118,740.00	\$138,530.00	\$158,320.00	\$178,110.00	\$197,900.00	\$217,690.00	\$237,480.00
		to	and												
		\$36,809.39	\$39,579.99	\$49,474.99	\$59,369.99	\$79,159.99	\$98,949.99	\$118,739.99	\$138,529.99	\$158,319.99	\$178,109.99	\$197,899.99	\$217,689.99	\$237,479.99	above
4	\$23,850	\$0.00	\$44,361.00	\$47,700.00	\$59,625.00	\$71,550.00	\$95,400.00	\$119,250.00	\$143,100.00	\$166,950.00	\$190,800.00	\$214,650.00	\$238,500.00	\$262,350.00	\$286,200.00
		to	and												
		\$44,360.99	\$47,699.99	\$59,624.99	\$71,549.99	\$95,399.99	\$119,249.99	\$143,099.99	\$166,949.99	\$190,799.99	\$214,649.99	\$238,499.99	\$262,349.99	\$286,199.99	above
5	\$27,910	\$0.00	\$51,912.60	\$55,820.00	\$69,775.00	\$83,730.00	\$111,640.00	\$139,550.00	\$167,460.00	\$195,370.00	\$223,280.00	\$251,190.00	\$279,100.00	\$307,010.00	\$334,920.00
		to	and												
		\$51,912.59	\$55,819.99	\$69,774.99	\$83,729.99	\$111,639.99	\$139,549.99	\$167,459.99	\$195,369.99	\$223,279.99	\$251,189.99	\$279,099.99	\$307,009.99	\$334,919.99	above
6	\$31,970	\$0.00	\$59,464.20	\$63,940.00	\$79,925.00	\$95,910.00	\$127,880.00	\$159,850.00	\$191,820.00	\$223,790.00	\$255,760.00	\$287,730.00	\$319,700.00	\$351,670.00	\$383,640.00
		to	and												
		\$59,464.19	\$63,939.99	\$79,924.99	\$95,909.99	\$127,879.99	\$159,849.99	\$191,819.99	\$223,789.99	\$255,759.99	\$287,729.99	\$319,699.99	\$351,669.99	\$383,639.99	above
7	\$36,030	\$0.00	\$67,015.80	\$72,060.00	\$90,075.00	\$108,090.00	\$144,120.00	\$180,150.00	\$216,180.00	\$252,210.00	\$288,240.00	\$324,270.00	\$360,300.00	\$396,330.00	\$432,360.00
		to	and												
		\$67,015.79	\$72,059.99	\$90,074.99	\$108,089.99	\$144,119.99	\$180,149.99	\$216,179.99	\$252,209.99	\$288,239.99	\$324,269.99	\$360,299.99	\$396,329.99	\$432,359.99	above
8	\$40,090	\$0.00	\$74,567.40	\$80,180.00	\$100,225.00	\$120,270.00	\$160,360.00	\$200,450.00	\$240,540.00	\$280,630.00	\$320,720.00	\$360,810.00	\$400,900.00	\$440,990.00	\$481,080.00
		to	and												
		\$74,567.39	\$80,179.99	\$100,224.99	\$120,269.99	\$160,359.99	\$200,449.99	\$240,539.99	\$280,629.99	\$320,719.99	\$360,809.99	\$400,899.99	\$440,989.99	\$481,079.99	above
9	\$44,150	\$0.00	\$82,119.00	\$88,300.00	\$110,375.00	\$132,450.00	\$176,600.00	\$220,750.00	\$264,900.00	\$309,050.00	\$353,200.00	\$397,350.00	\$441,500.00	\$485,650.00	\$529,800.00
		to	and												
		\$82,118.99	\$88,299.99	\$110,374.99	\$132,449.99	\$176,599.99	\$220,749.99	\$264,899.99	\$309,049.99	\$353,199.99	\$397,349.99	\$441,499.99	\$485,649.99	\$529,799.99	above
10	\$48,210	\$0.00	\$89,670.60	\$96,420.00	\$120,525.00	\$144,630.00	\$192,840.00	\$241,050.00	\$289,260.00	\$337,470.00	\$385,680.00	\$433,890.00	\$482,100.00	\$530,310.00	\$578,520.00
		to	and												
		\$89,670.59	\$96,419.99	\$120,524.99	\$144,629.99	\$192,839.99	\$241,049.99	\$289,259.99	\$337,469.99	\$385,679.99	\$433,889.99	\$482,099.99	\$530,309.99	\$578,519.99	above
11	\$52,270	\$0.00	\$97,222.20	\$104,540.00	\$130,675.00	\$156,810.00	\$209,080.00	\$261,350.00	\$313,620.00	\$365,890.00	\$418,160.00	\$470,430.00	\$522,700.00	\$574,970.00	\$627,240.00
		to	and												
		\$97,222.19	\$104,539.99	\$130,674.99	\$156,809.99	\$209,079.99	\$261,349.99	\$313,619.99	\$365,889.99	\$418,159.99	\$470,429.99	\$522,699.99	\$574,969.99	\$627,239.99	above
12	\$56,330	\$0.00	\$104,773.80	\$112,660.00	\$140,825.00	\$168,990.00	\$225,320.00	\$281,650.00	\$337,980.00	\$394,310.00	\$450,640.00	\$506,970.00	\$563,300.00	\$619,630.00	\$675,960.00
		to	and												
		\$104,773.79	\$112,659.99	\$140,824.99	\$168,989.99	\$225,319.99	\$281,649.99	\$337,979.99	\$394,309.99	\$450,639.99	\$506,969.99	\$563,299.99	\$619,629.99	\$675,959.99	above
13	\$60,390	\$0.00	\$112,325.40	\$120,780.00	\$150,975.00	\$181,170.00	\$241,560.00	\$301,950.00	\$362,340.00	\$422,730.00	\$483,120.00	\$543,510.00	\$603,900.00	\$664,290.00	\$724,680.00
		to	and												
		\$112,325.39	\$120,779.99	\$150,974.99	\$181,169.99	\$241,559.99	\$301,949.99	\$362,339.99	\$422,729.99	\$483,119.99	\$543,509.99	\$603,899.99	\$664,289.99	\$724,679.99	above
14	\$64,450	\$0.00	\$119,877.00	\$128,900.00	\$161,125.00	\$193,350.00	\$257,800.00	\$322,250.00	\$386,700.00	\$451,150.00	\$515,600.00	\$580,050.00	\$644,500.00	\$708,950.00	\$773,400.00
		to	and												
		\$119,876.99	\$128,899.99	\$161,124.99	\$193,349.99	\$257,799.99	\$322,249.99	\$386,699.99	\$451,149.99	\$515,599.99	\$580,049.99	\$644,499.99	\$708,949.99	\$773,399.99	above
15	\$68,510	\$0.00	\$127,428.60	\$137,020.00	\$171,275.00	\$205,530.00	\$274,040.00	\$342,550.00	\$411,060.00	\$479,570.00	\$548,080.00	\$616,590.00	\$685,100.00	\$753,610.00	\$822,120.00
		to	and												
		\$127,428.59	\$137,019.99	\$171,274.99	\$205,529.99	\$274,039.99	\$342,549.99	\$411,059.99	\$479,569.99	\$548,079.99	\$616,589.99	\$685,099.99	\$753,609.99	\$822,119.99	above
16	\$72,570	\$0.00	\$134,980.20	\$145,140.00	\$181,425.00	\$217,710.00	\$290,280.00	\$362,850.00	\$435,420.00	\$507,990.00	\$580,560.00	\$653,130.00	\$725,700.00	\$798,270.00	\$870,840.00
		to	and												
		\$134,980.19	\$145,139.99	\$181,424.99	\$217,709.99	\$290,279.99	\$362,849.99	\$435,419.99	\$507,989.99	\$580,559.99	\$653,129.99	\$725,699.99	\$798,269.99	\$870,839.99	above
17	\$76,630	\$0.00	\$142,531.80	\$153,260.00	\$191,575.00	\$229,890.00	\$306,520.00	\$383,150.00	\$459,780.00	\$536,410.00	\$613,040.00	\$689,670.00	\$766,300.00	\$842,930.00	\$919,560.00
		to	and												
		\$142,531.79	\$153,259.99	\$191,574.99	\$229,889.99	\$306,519.99	\$383,149.99	\$459,779.99	\$536,409.99	\$613,039.99	\$689,669.99	\$766,299.99	\$842,929.99	\$919,559.99	above
18	\$80,690	\$0.00	\$150,083.40	\$161,380.00	\$201,725.00	\$242,070.00	\$322,760.00	\$403,450.00	\$484,140.00	\$564,830.00	\$645,520.00	\$726,210.00	\$806,900.00	\$887,590.00	\$968,280.00
		to	and												
		\$150,083.39	\$161,379.99	\$201,724.99	\$242,069.99	\$322,759.99	\$403,449.99	\$484,139.99	\$564,829.99	\$645,519.99	\$726,209.99	\$806,899.99	\$887,589.99	\$968,279.99	above
Increment	\$ 4,060	100%	186%	200%	250%	300%	400%	500%	600%	700%	800%	900%	1000%	1100%	1200%

Please contact the Baby Watch Early Intervention Program, 800-961-4226, for the correct fee amount if the family size is greater than eighteen

NOTE: This sliding fee schedule is based on 186% of the Federal Poverty Guidelines scheduled to be published in the Federal Register January 26, 2014. <http://aspe.hhs.gov/poverty/14poverty.cfm> The fee scale will be changed in July each year in accordance with these guidelines, which are published annually by the Department of Health and Human Services, Office of the Secretary.

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per			
LAA	1	All the fees in this section apply for the entire Department of Health					Non-sufficient Check Collection Fee		20.00	0	20.00	0	-	-	Unit			
LAA	2						Non-sufficient Check Service Charge		20.00	0	20.00	0	-	-	Unit			
LAA	3		Testimony					Expert Testimony Fee for those without a PhD/MD	Includes preparation, consultation, and appearance on criminal and civil cases. Portal to	78.75	0	78.75	0	-	-	hour		
LAA	4							Expert Testimony Fee for those with a PhD/MD	portal, including travel and waiting time. Per hour charge, plus travel costs.	250.00	0	250.00	0	-	-	hour		
LAA	5		Government Records Access and Management Act (GRAMA)	Stair time for file search and/or information compilation				Department of Technology Services	For Department of Technology Services or programmer / analyst staff time.	70.00	0	70.00	0	-	-	hour		
LAA	6								Department of Health	For Department of Health staff time; first 15 minutes free, additional time.	35.00	0	35.00	0	-	-	hour	
LAA	7				Copy					11 x 8.5 Black and White		0.15	0	0.15	0	-	-	page
LAA	8									11x17 or color		0.40	0	0.40	0	-	-	page
LAA	9									Information on disk		0.02	0	0.02	0	-	-	kilobyte
LAA	10									Administrative Fee - 1-15 copies		25.00	0	25.00	0	-	-	unit
LAA	11								Administrative Fee - each additional copy		1.00	0	1.00	0	-	-	unit	
LAA	12								Fax		0.50	0	0.50	0	-	-	page	
LAA	13								Other communication medium		-	0	-	0	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LAA	14						Mailing or shipping cost		-	0	-	0	-	-	unit
LAE	1	Public Use Data	Single Year	Inpatient, Ambulatory			File I for the latest year only		1,575.00	5	1,575.00	5	-	-	unit
LAE	2						File III for the latest year only		250.00	1	250.00	1	-	-	unit
LAE	3	Public Use Tapes - Multi-Year License Fee - Existing User	Multi-Year License	Existing User	Inpatient, Ambulatory Surgery, and Emergency Department		File I for multiple year data set (3 years prior to current year)		1,500.00	3	1,500.00	3	-	-	unit
LAE	4						File III for multiple year data set (3 years prior to current year)		250.00	0	250.00	0	-	-	unit
LAE	5	Public Use Secondary	Files 1 per year				First year (5 copies)		375.00	0	375.00	0	-	-	unit
LAE	6						Annual renewal fee (5 copies)		375.00	0	375.00	0	-	-	unit
LAE	7						Additional copies (in excess of 5)		50.00	0	50.00	0	-	-	unit
LAE	8	Public Use Data Set	Single Year	Inpatient, Ambulatory			File I for the latest year only		3,150.00	13	3,150.00	13	-	-	unit
LAE	9						File III for one year only		1,050.00	1	1,050.00	1	-	-	unit
LAE	10						File I for multiple year data set (3 years prior to current year)		3,000.00	3	3,000.00	3	-	-	unit
LAE	11	Public Use Data Set	Multi Year License	Existing User	Inpatient, Ambulatory		File III for multiple year data set (3 years prior to current year)		1,000.00	1	1,000.00	1	-	-	unit
LAE	12						Large System/Corporation	Greater than 35,000 discharges per year	3,150.00	6	3,150.00	6	-	-	year
LAE	13						Large Single/Multiple Hospital	5,000-35,000 discharges per year	1,575.00	5	1,575.00	5	-	-	year
LAE	14	Public Use Data Set	Single Year License Fee for	Inpatient, Ambulatory Surgery, and	File I for the latest year only		Small or Medium Single Hospital	Less than 5,000 discharges per year	525.00	2	525.00	2	-	-	year
LAE	15						First Year	5 copies	1,050.00	3	1,050.00	3	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LAE	16	Private Sector Secondary Release	File I - III, Per				Annual renewal fee (5 copies)		525.00	8	525.00	8	-	-	unit
LAE	17						Additional copies (in excess of 5)		50.00	15	50.00	15	-	-	unit
LAE	18						Financial Database		50.00	0	50.00	0	-	-	unit
LAE	19	Research Data Set	Inpatient, Ambulatory				Latest Year		3,150.00	1	3,150.00	1	-	-	unit
LAE	20						Three years prior		3,000.00	1	3,000.00	1	-	-	unit
LAE	21	Research Data Set Secondary					Inpatient data set for the latest year		1,500.00	0	1,500.00	0	-	-	unit
LAE	22						Ambulatory surgery data set for the latest year		750.00	0	750.00	0	-	-	unit
LAE	23						Emergency Department encounter data set for the last year		750.00	0	750.00	0	-	-	unit
LAE	24	Research Data Set for Federal Databases with Secondary Release					Inpatient data set for the latest year		4,500.00	1	4,500.00	1	-	-	unit
LAE	25						Ambulatory surgery data set for the latest year		4,500.00	1	4,500.00	1	-	-	unit
LAE	26	Research Data and License Educational, Non-research Organizations					File I for Latest Year		1,050.00	1	1,050.00	1	-	-	data set
LAE	27							File II for Previous Year		750.00	0	750.00	0	-	-

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LAE	28	Multi-Year Healthcare Effectiveness Information Set	Public, profit Res				File III for Any Earlier Years		500.00	0	500.00	0	-	-	data set
LAE	29		Private Sector Agencies				File I for Latest Year		1,575.00	1	1,575.00	1	-	-	data set
LAE	30						File II for Previous Year		1,250.00	0	1,250.00	0	-	-	data set
LAE	31						File III for Any Earlier Years		1,000.00	0	1,000.00	0	-	-	data set
LAE	32	Health Maintenance Organization or Preferred Provider Organization Enrollee Satisfaction Survey Data Set	Public, Educational, Non-profit Research Organizations				File I for Latest Year		1,050.00	1	1,050.00	1	-	-	data set
LAE	33						File II for Previous Year		750.00	0	750.00	0	-	-	data set
LAE	34						File III for Any Earlier Years		500.00	0	500.00	0	-	-	data set
LAE	35	Health Maintenance Organization Enrollee Satisfaction Survey License	Private Sector Agencies				File I for Latest Year		1,575.00	0	1,575.00	0	-	-	data set
LAE	36		Private Sector				File II for Previous Year		1,250.00	0	1,250.00	0	-	-	data set
LAE	37						File III for Any Earlier Years		1,000.00	0	1,000.00	0	-	-	data set
LAE	38	Health Maintenance Organization Enrollee Satisfaction Survey License	(with Maintenance or Organizations)				File I for Latest Year		420.00	1	420.00	1	-	-	data set

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LAE	39	Health Maintenance Organization or Preferred Provider Organization Enrollee Satisfaction	Data Suppliers (Contributing Health Organizations or Preferred Provider Organizations)				File II for Previous Year		300.00	0	300.00	0	-	-	data set
LAE	40						File III for Any Earlier Years		200.00	0	200.00	0	-	-	data set
LAE	41		Data Suppliers (Non-contributing Health Maintenance Organizations or Preferred Provider Organizations)				File I for Latest Year		840.00	0	840.00	0	-	-	data set
LAE	42						File II for Previous Year		600.00	0	600.00	0	-	-	data set
LAE	43						File III for Any Earlier Years		400.00	0	400.00	0	-	-	data set
LAE	44	Suppliers Purchases				Hard Copy Reports Miscellaneous		10.00	0	10.00	0	-	-	unit	
LAE	45					Standard Report 1 for Inpatient, Emergency		50.00	0	50.00	0	-	-	unit	
LAE	46					Standard Report 1 for Ambulatory Surgery		50.00	0	50.00	0	-	-	unit	
LAE	47					Hospital Financial Report		50.00	0	50.00	0	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LAE	48	Fee for Data \$					Special Reports		15.00	0	15.00	0	-	-	unit
LAE	49						Special Data Request (\$70 minimum)		55.00	20	55.00	20	-	-	hour
LAE	50						Special Data Extraction Request		-	0	72.00	20	72.00	20.00	hour
LAE	51	Other Fees					Data suppliers' special data request		35.00	0	35.00	0	-	-	hour
LAE	52						Data Management Fees for Reprocessing	To cover costs of processing resubmissions of data with system errors (may be waived as incentive for timely resubmission)	39.90	0	39.90	0	-	-	unit
LAE	53	Birth Certificate					Initial Copy		18.00	61600	20.00	52893	2.00	(8,707.00)	unit
LAE	54						Additional Copies		8.00	22000	8.00	18092	-	(3,908.00)	unit
LAE	55						Stillbirth		15.00	50	18.00	47	3.00	(3.00)	unit
LAE	56						Affidavit		25.00	1700	25.00	1814	-	114.00	unit
LAE	57						Book Copy of Birth Certificate		21.00	200	25.00	347	4.00	147.00	unit
LAE	58						Adoption		55.00	2100	60.00	2034	5.00	(66.00)	unit
LAE	59						Expedite		12.00	3600	15.00	3600	3.00	-	unit
LAE	60	Death Certificate					Initial Copy		16.00	3300	18.00	2788	2.00	(512.00)	unit
LAE	61						Additional Copies		8.00	3000	8.00	2834	-	(166.00)	unit
LAE	62						Burial Transit Permit		7.00	30	7.00	4	-	(26.00)	unit
LAE	63						Disinterment Permit		25.00	10	25.00	4	-	(6.00)	unit
LAE	64						Paternity Search (1 hour minimum)		16.00	1900	18.00	1612	2.00	(288.00)	hour

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LAE	65	Specialized Services					Delayed Registration		55.00	170	60.00	132	5.00	(38.00)	unit
LAE	66						Marriage and Divorce Abstracts		16.00	2000	18.00	2364	2.00	364.00	unit
LAE	67						Legitimation		55.00	20	60.00	4	5.00	(16.00)	unit
LAE	68						Adoption Registry		25.00	110	25.00	113	-	3.00	unit
LAE	69						Adoption Expedite Fee		25.00	400	25.00	400	-	-	unit
LAE	70						Death Research (1 hour minimum)		9.00	10	20.00	7	11.00	(3.00)	hour
LAE	71						Court Order Name Changes		25.00	380	25.00	741	-	361.00	unit
LAE	72						Court Order Paternity		55.00	100	60.00	35	5.00	(65.00)	unit
LAE	73						Online Access to Computerized Vital Records		12.00	5125	12.00	575	-	(4,550.00)	month
LAE	74						Ad-hoc Statistical Requests		45.00	100	45.00	102	-	2.00	hour
LAE	75					Delay of File Fee (charged for every birth/death certificate registered 30 days or more after the event)		-	0	50.00	788	50.00	788.00	Unit	
LEA	1					Fee Discounts for Large Volume Customers	High volume customers may receive discounts on individual testing fees. Tests available for discount are listed on the laboratory's posted Fee Schedule at www.health.utah.gov/els	-	0	-	0	-	-	Unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEA	2						Discounts Reflected on Invoices	The discounts will be reflected on the invoices of customers that meet established volume criteria.	-	0	-	0	-	-	Unit
LEA	3						Discount Levels Clarified	The discount levels are: 5% for customers spending more than \$1,000 per month, 12% for customers spending more than \$7,500 per month, and 25% for customers spending more than \$15,000 per month.	-	0	-	0	-	-	Unit
LEA	4						Emergency Waiver	Under certain conditions of public health import (e.g., disease outbreak, terrorist event, or environmental catastrophe) fees may be reduced or waived.	-	0	-	0	-	-	Unit
LEA	5						1-15 copies		20.00	0	20.00	100	-	100.00	unit
LEA	6						each additional copy		1.00	0	1.00	100	-	100.00	unit
LEA	7						Priority Handling of Samples Surcharge		11.00	0	11.00	0	-	-	sample
LEA	8						Chain of Custody Sample Handling Fee		20.00	0	20.00	50	-	50.00	sample
LEA	9						Seminar Instruction Fee	Cost per continuing education unit of instruction	15.00	0	15.00	0	-	-	unit

Laboratory General

These fees apply for the entire Division of Disease Control and Prevention

Administrative retrieval and copy

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEA	10		Other				Room Cleaning Fee	Cost per room cleaned	50.00	0	50.00	0	-	-	room
LEA	11		Technical Services				Autoclave and Disposal services		10.00	0	10.00	0	-	-	autoclave run
LEA	12						Deionized Water charge	Cost for each one to ten gallon increment	10.00	0	10.00	0	-	-	ten gallon increment
LEA	13			Computer Programming				Programming - Laboratory Information System		100.00	0	100.00	0	-	-
LEA	14						Programming - Non-Laboratory Information System		75.00	0	75.00	0	-	-	tech hour
LEA	15						Database Development, Mining, Delivery		50.00	0	50.00	0	-	-	tech hour
LEA	16						Technician Consultation		25.00	0	25.00	0	-	-	tech hour
LEA	17						Enhanced Data Package Fee	Cost per test, per method	75.00	0	75.00	0	-	-	Unit
LEA	18						Consultation with Laboratory Technician for method development		75.00	0	75.00	0	-	-	tech hour
LEA	19		Handling				Providing Samples for Research, per organism of the same species		30.00	0	30.00	0	-	-	sample
LEA	20						Pulling and Packing Organisms for Research, time per hour per project		27.00	0	27.00	0	-	-	Unit
LEA	21						Preparation or Preconcentration of sub-standard submissions	per sample, per each preparation	16.50	0	16.50	0	-	-	Unit
LEA	22						Hazardous Waste (Solids, Sediment, Soil-Sample) Preparation/digestion	per sample, per each preparation/dilution	22.00	0	22.00	0	-	-	Unit
LEA	23						Dilution of sample for sub-standard submissions	per sample, per each dilution	10.00	0	10.00	0	-	-	Unit
LEA	24						Total cost of shipping and testing of referral samples to be rebilled to customer		-	0	-	0	-	-	Referral lab's invoice

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEA	25						Repeat Testing - normal fee will be charged if repeat testing is required due to poor quality sample	per sample, per each reanalysis	-	0	-	0	-	-	Unit
LEA	26						Referral Fee for Send-Out Testing		-	0	35.00	100	35.00	100.00	Unit
LEC	1		Inorganics				Alkalinity (Total) Standard Method 2320B		10.00	0	10.00	0	-	-	unit
LEC	2						Bromide 300.1		27.50	50	27.50	50	-	-	unit
LEC	3						Bromate 300.1		55.00	0	55.00	0	-	-	unit
LEC	4						Chlorate 300.1		55.00	0	55.00	0	-	-	unit
LEC	5						Chlorite 300.1		55.00	0	55.00	0	-	-	unit
LEC	6						Ion Chromatography (multiple ions) 300.1		63.00	0	63.00	0	-	-	unit
LEC	7						Chromium (Hexavalent) Environmental Protection Agency 218.7		30.00	0	30.00	0	-	-	Unit
LEC	8						Chloride (IC) Environmental Protection Agency 300.1		33.00	0	33.00	0	-	-	unit
LEC	9						Free Chlorine		5.00	0	5.00	0	-	-	Unit
LEC	10						Cyanide 335.4		50.00	0	50.00	0	-	-	unit
LEC	11						Fluoride Environmental Protection Agency 300.0		25.00	0	25.00	0	-	-	Unit
LEC	12						Nitrite 353.2		22.00	0	22.00	0	-	-	unit
LEC	13						Nitrate + Nitrite Environmental Protection Agency 353.2		13.20	0	13.20	0	-	-	unit
LEC	14						Odor 140.1		27.50	0	27.50	2	-	2.00	unit
LEC	15						Perchlorate 314.0		55.00	0	55.00	0	-	-	unit
LEC	16						pH (Test of acidity or alkalinity) 150.1		11.00	0	11.00	11	-	11.00	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEC	17						Sulfate 300.1		16.50	0	16.50	0	-	-	Unit
LEC	18						Sulfate 375.2		16.50	3700	16.50	3700	-	-	unit
LEC	19						Turbidity 180.1		11.00	0	11.00	0	-	-	unit
LEC	20						Ultraviolet Absorption Standard Method 5910B		33.00	0	33.00	0	-	-	unit
LEC	21						Ultraviolet Absorption Duplicate Standard Method 5910B		-	0	-	0	-	-	unit
LEC	22						Total Organic Carbon Standard Method 5310B		22.00	0	22.00	0	-	-	unit
LEC	23						Total Organic Carbon Duplicate Standard Method 5310B		-	0	-	0	-	-	unit
LEC	24						Dissolved Organic Carbon		22.00	0	22.00	0	-	-	Unit
LEC	25						Dissolved and Standard Metals Clarification	Fee for Drinking Water metals and Dissolved-Metals are the same as the Standard Metals Fees, listed below.	-	0	-	0	-	-	unit
LEC	26						T-Metals Clarification	Fee for T-Metals will include the Standard Metals fee plus the Preconcentration fee of \$16.50	-	0	-	0	-	-	unit
LEC	27						Preconcentration Fee		16.50	0	16.50	0	-	-	unit
LEC	28						Aluminum 200.8		18.75	0	18.75	0	-	-	unit
LEC	29						Antimony 200.8		18.75	0	18.75	0	-	-	unit
LEC	30						Arsenic 200.8		18.75	0	18.75	0	-	-	unit
LEC	31						Barium 200.8		18.75	0	18.75	0	-	-	unit
LEC	32						Beryllium 200.8		18.75	0	18.75	0	-	-	unit
LEC	33						Boron 200.7		13.25	0	13.25	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEC	34						Cadmium 200.8		18.75	0	18.75	0	-	-	unit
LEC	35						Calcium 200.7		13.25	0	13.25	0	-	-	unit
LEC	36						Chromium 200.8		18.75	0	18.75	0	-	-	unit
LEC	37						Copper 200.8		18.75	0	18.75	0	-	-	unit
LEC	38						Iron 200.7		13.25	0	13.25	0	-	-	unit
LEC	39						Lead 200.8		18.75	0	18.75	0	-	-	unit
LEC	40						Lead and Copper (Type Metals-8) Environmental Protection Agency 200.8		32.00	0	32.00	0	-	-	unit
LEC	41						Magnesium 200.7		13.25	0	13.25	0	-	-	unit
LEC	42						Manganese 200.8		18.75	0	18.75	0	-	-	unit
LEC	43						Mercury 245.1		27.50	0	27.50	0	-	-	unit
LEC	44						Molybdenum 200.8		18.75	0	18.75	0	-	-	unit
LEC	45						Nickel 200.8		18.75	0	18.75	0	-	-	unit
LEC	46						Potassium 200.7		13.25	0	13.25	0	-	-	unit
LEC	47						Selenium by Hydride - Atomic Absorption		42.00	0	42.00	0	-	-	unit
LEC	48						Selenium 200.8		18.75	0	18.75	0	-	-	unit
LEC	49						Silver 200.8		18.75	0	18.75	0	-	-	unit
LEC	50						Sodium 200.7		13.25	0	13.25	0	-	-	unit
LEC	51						Thallium 200.8		18.75	0	18.75	0	-	-	unit
LEC	52						Tin 200.7		13.25	0	13.25	0	-	-	unit
LEC	53						Vanadium 200.8		18.75	0	18.75	0	-	-	unit

Metals

Standard Metals

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per			
LEC	54	Drinking Water Tests					Zinc 200.8		18.75	0	18.75	0	-	-	unit			
LEC	55						Zirconium 200.8		18.75	0	18.75	0	-	-	unit			
LEC	56						Langelier Index		Calculation: pH (Test acidity or alkalinity), calcium, TDS (Total Dissolved Solids), alkalinity	5.50	0	5.50	0	-	-	unit		
LEC	57							Trihalomethanes Environmental Protection Agency Method 524.2		82.70	240	82.70	240	-	-	unit		
LEC	58							Maximum Total Potential Trihalomethanes Method 524.2		88.20	0	88.20	0	-	-	unit		
LEC	59							Haloacetic Acids Method 6251B		165.00	240	165.00	240	-	-	unit		
LEC	60							Maximum-Haloacetic acid		173.00	0	173.00	0	-	-	unit		
LEC	61							Volatile Organic Carbons Environmental Protection Agency 524.2		209.00	42	209.00	42	-	-	unit		
LEC	62							Perchloroethylene Environmental Protection Agency 524.2		83.00	1	83.00	1	-	-	Unit		
LEC	63					Organic Contaminants	Pesticides		Phase II/V Semi Volatile Organic Analytes & Pesticide 4 methods		919.00	0	919.00	0	-	-	unit	
LEC	64									Phase II / V 3 methods		787.50	0	787.50	0	-	-	unit
LEC	65							Environmental Protection Agency		508.1		162.25	0	162.25	0	-	-	unit
LEC	66									525.2		367.50	35	367.50	80	-	45.00	unit
LEC	67									Herbicide 515.1		210.00	35	210.00	35	-	-	unit
LEC	68									Carbamate 531.1		210.00	35	210.00	35	-	-	unit
LEC	69									508A test for Total Polychlorinated Biphenyls		210.00	0	210.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LEC	70						Taste and Odor Method 525.2		183.75	0	183.75	0	-	-	unit	
LEC	71				New Drinking Water Sources		New Drinking water sources, Type Public Water-7	This panel consists of a group of 46 inorganic and metals tests and the total fee is the sum of the individual tests.	780.00	0	780.00	0	-	-	46 parameters	
LEC	72						Swimming pool bacteriology Colilert and Heterotrophic Plate Count (HPC), Standard Methods 9223 B, Standard Methods 9251 B)		33.00	0	33.00	0	-	-	unit	
LEC	73						Polluted water bacteriology		16.50	0	16.50	0	-	-	parameter	
LEC	74						Environmental Legionella Standard Methods 9260 J	Liter of water	70.00	508	70.00	508	-	-	unit	
LEC	75						Colilert E. Coli 9223B		20.00	1816	20.00	2050	-	234.00	unit	
LEC	76				Coliform Standard		Total 9222B,C		20.00	0	20.00	0	-	-	Unit	
LEC	77					Fecal 9222D		25.00	0	25.00	0	0	-	-	Unit	
LEC	78					Fecal 9222E		25.00	0	25.00	0	0	-	-	Unit	
LEC	79						Heterotrophic Plate Count by 9215 B Pour Plate		13.00	55	13.00	55	-	-	unit	
LEC	80			r and Surface Water)	Cryptosporidium and Giardia (Drinking		Environmental Protection Agency Method 1623 analysis		330.75	0	330.75	0	-	-	unit	
LEC	81						Protozoa Matrix Spike		315.00	0	315.00	0	0	-	-	unit
LEC	82						Filter		105.00	0	105.00	0	0	-	-	unit
LEC	83						Additional Cryptosporidium and Giardia slides		30.00	0	30.00	0	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per		
LEC	84			Water Microbiology (Drinking Water and Surface Water)	Water Radiochemistry (Drinking Water and Surface Water)		Preparation Fee per sample for each Gross Alpha, Gross Beta, as well as Radium 228		16.50	0	16.50	0	-	-	Unit		
LEC	85								Gross alpha 900.0		66.00	44	66.00	44	-	-	Unit
LEC	86								Gross beta 900.0		66.00	15	66.00	15	-	-	Unit
LEC	87								Gross alpha and beta		66.00	0	66.00	0	-	-	unit
LEC	88								Radium 226 (de-emanation)		138.00	0	138.00	0	-	-	unit
LEC	89								Radium 228 904.0		171.00	44	171.00	44	-	-	unit
LEC	90								Uranium Inductive Coupling Plasma-Mass Spectrometry (ICP/MS)		55.00	15	55.00	15	-	-	unit
LEC	91								Radon by Liquid Scintillation		72.00	0	72.00	0	-	-	unit
LEC	92								Gamma Spectroscopy By Hyper Pure Germanium (HPGe), Identification (ID) and Quantity		165.00	0	165.00	0	-	-	nuclide for water and solid samples
LEC	93								Preconcentration Fee, per sample if needed		16.50	0	16.50	0	-	-	Unit
LEC	94								Alkalinity for Bi-Carbonate, Additional Fee		1.00	373	1.00	373	-	-	Unit
LEC	95						Alkalinity for Carbonate, Additional Fee	Internal Review of Costs and Descriptions	1.00	373	1.00	373	-	-	Unit		
LEC	96						Alkalinity for Carbonate Solids, Additional Fee		1.00	227	1.00	227	-	-	Unit		
LEC	97						Alkalinity for Carbon dioxide, Additional Fee		1.00	373	1.00	373	-	-	Unit		
LEC	98						Alkalinity for Hydroxide, Additional Fee		1.00	373	1.00	373	-	-	Unit		
LEC	99						Ammonia 350.3		22.00	358	22.00	358	-	-	unit		
LEC	100						5 day test 405.1		33.00	34	33.00	34	-	-	unit		

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LEC	101			Inorganic Surface Water (Lakes, Rivers, etc.) Tests	Biochemical Oxygen Dem		Carbonaceous Environmental Protection Agency 405.1		33.00	22	33.00	22	-	-	Unit	
LEC	102							Carbonaceous Soluble Environmental Protection Agency 405.1		33.00	5	33.00	5	-	-	Unit
LEC	103							Chloride 325.1		8.90	368	8.90	368	-	-	unit
LEC	104							Chlorophyll A Standard Method 10200H - Chlorophyll-A		22.00	170	22.00	170	-	-	unit
LEC	105							Chlorophyll-Benthic		22.00	2	22.00	2	-	-	Unit
LEC	106							Chemical Oxygen Demand (COD) 410.4		22.00	1	22.00	1	-	-	unit
LEC	107							Color 110.2		22.00	5	22.00	5	-	-	unit
LEC	108							Dissolved Total Nitrogen		25.00	351	25.00	351	-	-	Unit
LEC	109							Total Kjeldahl Nitrogen 351.4		40.00	27	40.00	27	-	-	Unit
LEC	110							Phosphate, Ortho 365.1		22.00	4	22.00	4	-	-	unit
LEC	111							Phosphorus, Dissolved 365.1		20.00	450	20.00	450	-	-	unit
LEC	112							Phosphorus, Total 365.1		20.00	470	20.00	470	-	-	unit
LEC	113							Silica 370.1		16.50	9	16.50	9	-	-	unit
LEC	114							Total Dissolved Solids (TDS) Standard Method 3540C		16.50	403	16.50	403	-	-	unit
LEC	115							Total Suspended Solids (TSS) 160.2		16.50	400	16.50	400	-	-	unit
LEC	116							Settable (SS) 160.5		14.35	0	14.35	0	-	-	unit
LEC	117							Total Volatile 160.4		16.50	89	16.50	89	-	-	unit
LEC	118							Specific Conductance 120.1		10.00	355	10.00	355	-	-	unit
LEC	119							Sulfate 300.1		16.50	0	16.50	0	-	-	unit
LEC	120							Sulfate 375.2		16.50	370	16.50	370	-	-	Unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEC	121						Sulfide 376.2		44.00	5	44.00	5	-	-	unit
LEC	122			Surface Water Metals			Metals Clarification	Fee for T-Metals will include the Standard Metals fee plus the Preconcentration Fee of \$16.50	-	0	-	0	-	-	Unit
LEC	123						High Total Dissolved Solids (TDS) Clarification	Samples with high Total Dissolved Solids (TDS), or samples with complex matrix, will be analyzed using Environmental Protection Agency 6010/200.7	-	0	-	0	-	-	Unit
LEC	124				Air Filter Metals Test			Lead, Air Filter Environmental Protection Agency 200.8		50.00	136	50.00	136	-	-
LEC	125						Benzene, Toluene, Ethylbenzene, Xylene, Naphthalene (BTEXN)		83.00	0	83.00	0	-	-	unit
LEC	126						Chlorinated Pesticides (Soil) 8082		220.00	4	220.00	4	-	-	unit
LEC	127						Chlorinated Acid Herbicides (Soil) 8150		331.00	3	331.00	3	-	-	unit
LEC	128						Environmental Protection Agency 8270 Semi Volatiles		441.00	19	441.00	19	-	-	unit
LEC	129						Environmental Protection Agency Method 8270 Chlorinated Pesticides by Gas Chromatigraph-Mass Spectrometer		441.00	7	441.00	7	-	-	Unit
LEC	130						Environmental Protection Agency Method 8270 Osteo phosphorous Pesticides		441.00	7	441.00	7	-	-	Unit
LEC	131						Environmental Protection Agency 8260 (volatile organic compounds)		220.50	120	220.50	120	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEC	132						Oil and Grease 1664		78.75	0	78.75	0	-	-	unit
LEC	133						Environmental Protection Agency 8082 Poly-Chlorinated Biphenyls	In waste water	202.00	2	202.00	2	-	-	unit
LEC	134						Ethylene Glycol in Water State Health Laboratory Method		78.75	0	78.75	0	-	-	unit
LEC	135						Poly-Chlorinated Biphenyls in oil (608)		150.00	0	150.00	0	-	-	unit
LEC	136						Environmental Protection Agency Method 625 Base/Neutral Acids	By Gas Chromatigraph-Mass Spectrometer	441.00	2	441.00	2	-	-	unit
LEC	137						Total Petroleum Hydrocarbons 8015		138.00	100	138.00	100	-	-	unit
LEC	138		Volatiles Purgeables				Environmental Protection Agency Method 624		220.50	26	220.50	26	-	-	unit
LEC	139						Environmental Protection Agency Method 1666		600.00	2	600.00	2	-	-	unit
LEC	140						Environmental Protection Agency Method 525.2	Pharmaceutical	135.00	2	135.00	2	-	-	unit
LEC	141						Toxic Chemical Leaching Procedure - Extraction procedure Environmental Protection Agency Solid Waste - 1311 organics		135.00	0	135.00	0	-	-	unit
LEC	142						Toxic Chemical Leaching Procedure Zero Headspace Extraction (ZHE) Environmental Protection Agency Solid Waste 846 - 1311		176.40	0	176.40	0	-	-	unit
LEC	143						Hazardous Metals Fee Clarification	Hazardous Metals Fee includes EPA 6010/6020 plus TCLP Extraction, plus sample preparation/digestion fee	-	0	-	0	-	-	unit
LEC	144						Sample preparation		22.00	0	22.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LEC	145	Solid and Hazardous Waste Organics Tests					Toxicity Characteristic Leaching Procedure Environmental Protection Agency Solid Waste 1311 Metals	Eight (8) Hazardous Metals	110.25	0	110.25	0	-	-	Unit	
LEC	146							Arsenic		13.25	0	13.25	0	-	-	Unit
LEC	147							Barium		13.25	0	13.25	0	-	-	Unit
LEC	148							Cadmium		13.25	0	13.25	0	-	-	Unit
LEC	149							Chromium		13.25	0	13.25	0	-	-	Unit
LEC	150							Lead		13.25	0	13.25	0	-	-	Unit
LEC	151							Mercury		13.25	0	13.25	0	-	-	Unit
LEC	152							Selenium		13.25	0	13.25	0	-	-	Unit
LEC	153							Silver		13.25	0	13.25	0	-	-	Unit
LEC	154							Beryllium		13.25	0	13.25	0	-	-	Unit
LEC	155							Nickel		13.25	0	13.25	0	-	-	Unit
LEC	156							Antimony		13.25	0	13.25	0	-	-	Unit
LEC	157							Thallium		13.25	0	13.25	0	-	-	Unit
LEC	158							Vanadium		13.25	0	13.25	0	-	-	Unit
LEC	159							Zinc		13.25	0	13.25	0	-	-	Unit
LEC	160	Hazardous Metals		3020			Arsenic		18.75	0	18.75	0	-	-	Unit	
LEC	161							Barium		18.75	0	18.75	0	-	-	Unit
LEC	162							Cadmium		18.75	0	18.75	0	-	-	Unit
LEC	163							Chromium		18.75	0	18.75	0	-	-	Unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEC	164			Environmental Protection Agency Method			Lead		18.75	0	18.75	0	-	-	Unit
LEC	165						Mercury		18.75	0	18.75	0	-	-	Unit
LEC	166						Selenium		18.75	0	18.75	0	-	-	Unit
LEC	167						Silver		18.75	0	18.75	0	-	-	Unit
LEC	168						Beryllium		18.75	0	18.75	0	-	-	Unit
LEC	169						Nickel		18.75	0	18.75	0	-	-	Unit
LEC	170						Antimony		18.75	0	18.75	0	-	-	Unit
LEC	171						Thallium		18.75	0	18.75	0	-	-	Unit
LEC	172						Vanadium		18.75	0	18.75	0	-	-	Unit
LEC	173						Zinc		18.75	0	18.75	0	-	-	Unit
LEC	174						Other metal		18.75	0	18.75	0	-	-	Unit
LEC	175				Other Methods			Mercury in Fish		52.50	0	52.50	0	-	-
LEC	176						Perchlorate in Soil		50.00	0	50.00	0	-	-	Unit
LEC	177						Metals in Urine		20.00	0	20.00	0	-	-	Metal
LEC	178						Metals in Blood		30.00	0	30.00	0	-	-	Metal
LEC	179						Volatile Organic Carbons in Blood or Serum		250.00	0	250.00	0	-	-	Unit
LEC	180						Cyanide in Blood		100.00	0	100.00	0	-	-	Unit
LEC	181						Nerve Agent Metabolites in Urine		350.00	0	350.00	0	-	-	Unit
LEC	182						Tetramine in Urine		100.00	0	100.00	0	-	-	Unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEC	183						Metals in Blood Spot Kit		100.00	1760	100.00	126	-	(1,634.00)	Four (4) metals tested
LEC	184	Miscellaneous Fees					Expert Consultation fee with Chemist - per hour		50.00	0	50.00	0	-	-	hour
LEC	185						Re-Analysis Fee for Poor Sample Quality	If a test is required to be re-analyzed, due to poor sample quality, the fee will include the fee for the original analysis and the fee for each re-analysis.	-	0	-	0	-	-	hour
LEC	186						Dilution Fees for poor sample quality	If a test is required to be diluted, due to poor sample quality, the fee will include the fee for the original analysis and the fees for each dilution and re-analysis.	-	0	-	0	-	-	hour
LEC	187	Unregulated Contaminated Monitoring Regulations 3; Environmental Protection					Chlorate by 300.1		50.00	0	50.00	45	-	45.00	Unit
LEC	188						Hexavalent Chromium by IC 218.7		90.00	0	90.00	45	-	45.00	Unit
LEC	189						Metals by 200.8		90.00	0	90.00	45	-	45.00	Unit
LEC	190						Dioxane 522		190.00	0	190.00	30	-	30.00	Unit
LEC	191						Perfluorinated Compounds 537		290.00	0	290.00	30	-	30.00	Unit
LEC	192						Hormones 539		450.00	0	450.00	0	-	-	Unit
LEC	193					Volatile Organic Compounds 524.3		150.00	0	150.00	30	-	30.00	Unit	
LEE	1						Atomic Absorption/Atomic Emission		-	0	300.00	85	300.00	85.00	Unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEE	2	Parameter Category Fees charge for each testing act					Radchem - Alpha spectrometry		-	0	300.00	30	300.00	30.00	Unit
LEE	3						Radchem - Beta		-	0	300.00	10	300.00	10.00	Unit
LEE	4						Calculation of Analytical Results		-	0	50.00	30	50.00	30.00	Unit
LEE	5						Organic Clean Up		-	0	200.00	20	200.00	20.00	Unit
LEE	6						Toxicity/Sinthetic Extractions Characteristics Procedure		-	0	200.00	38	200.00	38.00	Unit
LEE	7						Radchem- Gamma		-	0	300.00	20	300.00	20.00	Unit
LEE	8						Simple Gas Chromatography		-	0	300.00	68	300.00	68.00	Unit
LEE	9						Complex Gas Chromatography		-	0	600.00	35	600.00	35.00	Unit
LEE	10						Semivolatile Gas Chromatography		-	0	500.00	50	500.00	50.00	Unit
LEE	11						Volatile Gas Chromatography		-	0	500.00	75	500.00	75.00	Unit
LEE	12						Radchem - Gas Proportional Counter		-	0	300.00	36	300.00	36.00	Unit
LEE	13						Gravimetric		-	0	100.00	90	100.00	90.00	Unit
LEE	14						High Pressure Liquid Chromatography		-	0	300.00	35	300.00	35.00	Unit
LEE	15						Inductly Coupled Plasma Metals Analysis		-	0	400.00	85	400.00	85.00	Unit
LEE	16						Inductly Coupled Plasma Mass Spec		-	0	500.00	75	500.00	75.00	Unit
LEE	17						Ion Chromatography		-	0	200.00	75	200.00	75.00	Unit
LEE	18						Ion Selective Electrode base methods		-	0	100.00	100	100.00	100.00	Unit
LEE	19						Radchem - Liquid Scintillation		-	0	300.00	20	300.00	20.00	Unit
LEE	20						Metals Digestion		-	0	100.00	35	100.00	35.00	Unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEE	21						Simple Microbiological Testing		-	0	100.00	35	100.00	35.00	Unit
LEE	22						Complex Microbiological Testing		-	0	300.00	20	300.00	20.00	Unit
LEE	23						Organic Extraction		-	0	200.00	30	200.00	30.00	Unit
LEE	24						Organic Wet Chemistry		-	0	200.00	0	200.00	-	Unit
LEE	25						Physical Properties		-	0	100.00	70	100.00	70.00	Unit
LEE	26						Radchem - Thermal Ionization Spectrometry		-	0	300.00	0	300.00	-	Unit
LEE	27						Titrametric		-	0	100.00	70	100.00	70.00	Unit
LEE	28						Spectrometry		-	0	200.00	100	200.00	100.00	Unit
LEE	29						While Effluent Toxicity		-	0	600.00	5	600.00	5.00	Unit
LEE	30						Certification Clarification	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	-	0	-	-	unit
LEE	31						Utah laboratories		825.00	50	825.00	62	-	12.00	unit
LEE	32						Out-of-state laboratories	Plus reimbursement of all travel expenses	7,700.00	16	6,000.00	10	(1,700.00)	(6.00)	unit
LEE	33						National Environmental Accreditation Program (NELAP) recognition		825.00	43	825.00	48	-	5.00	unit
LEE	34						Certification change		100.00	4	100.00	10	-	6.00	unit
LEE	35						Primary Method Addition Fee for Recognition Laboratories		-	0	1,000.00	0	1,000.00	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LEE	36		Rush certification fees - added to fees listed above (under 30 days)				Utah laboratories		1,000.00	0	1,000.00	0	-	-	unit	
LEE	37						Out-of-state laboratories	Plus reimbursement of all travel expenses	1,500.00	0	1,500.00	0	-	-	unit	
LEE	38		Safe Drinking Water by Analyte and Method				Microbiological for Each Method		50.00	109	50.00	109	-	-	unit	
LEE	39			Inorganic - each analyte				Group I		28.00	622	28.00	622	-	-	unit
LEE	40							Group II		33.00	230	33.00	230	-	-	unit
LEE	41							Group III		54.00	10	54.00	10	-	-	unit
LEE	42							Group I		28.00	62	28.00	62	-	-	unit
LEE	43			Miscellaneous - each analyte				Group II		33.00	71	33.00	71	-	-	unit
LEE	44							Group III		28.00	39	28.00	39	-	-	unit
LEE	45							Group I		68.00	9	68.00	9	-	-	unit
LEE	46			Organic Compounds - each method				Group II		85.00	28	85.00	28	-	-	unit
LEE	47							Group III		155.00	36	155.00	36	-	-	unit
LEE	48							Group IV		185.00	5	185.00	5	-	-	unit
LEE	49							Radiological each method		40.00	154	40.00	154	-	-	unit
LEE	50						Microbiological each method		50.00	33	50.00	33	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LEE	51	Environmental Laboratory Certification	Clean Water by Analyte and Method				Toxicity Testing		195.00	18	195.00	18	-	-	unit	
LEE	52			Inorganic - each analyte				Group I		28.00	1511	28.00	1511	-	-	unit
LEE	53							Group II		33.00	147	33.00	147	-	-	unit
LEE	54							Group III		40.00	478	40.00	478	-	-	unit
LEE	55				Organic Compounds - each method				Group I		85.00	51	85.00	51	-	-
LEE	56							Group II		155.00	18	155.00	18	-	-	unit
LEE	57							Group III		185.00	185	185.00	185	-	-	unit
LEE	58							Radiological each method		40.00	40	40.00	40	-	-	unit
LEE	59		Ind Method				Microbiological each method		50.00	1	50.00	1	-	-	unit	
LEE	60			Inorganic - each analyte				Group I		28.00	1791	28.00	1791	-	-	unit
LEE	61							Group II		33.00	52	33.00	52	-	-	unit
LEE	62			- each analyte				Group I		28.00	160	28.00	160	-	-	unit
LEE	63							Group II		33.00	8	33.00	8	-	-	unit
LEE	64							Group III		40.00	49	40.00	49	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LEE	65		Resource Conservation and Recovery Act by Analyte a	Miscellaneous			Group IV		45.00	60	45.00	60	-	-	unit	
LEE	66							Radiological each method		40.00	40	40.00	40	-	-	unit
LEE	67							Hazardous Waste Characteristics each method		45.00	84	45.00	84	-	-	unit
LEE	68				Sample Extraction Procedures - each method			Group I		40.00	378	40.00	378	-	-	unit
LEE	69							Group II		33.00	203	33.00	203	-	-	unit
LEE	70							Group III		85.00	121	85.00	121	-	-	unit
LEE	71							Group IV		27.00	1	27.00	1	-	-	unit
LEE	72				Organic Compounds - each method			Group I		85.00	219	85.00	219	-	-	unit
LEE	73							Group II		155.00	20	155.00	20	-	-	unit
LEE	74							Group III		185.00	101	185.00	101	-	-	unit
LEE	75							Performance Based Method	Charge for each individual analyte by each specific method	550.00	1	550.00	1	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEE	76	Other Certifications	Impounded Animals Use Certification				Annual		425.00	0	425.00	0	-	-	unit
LEE	77		Phlebotomy Permits (to allow authorized individuals to withdraw blood for the purpose of determining alcohol or drug				Triennial		35.00	197	35.00	197	-	-	unit
LEF	1	Volatiles					Screen (acetone, isopropanol, methanol, ethanol)		51.00	0	51.00	0	-	-	unit
LEF	2						Confirmation		70.00	0	70.00	0	-	-	unit
LEF	3						Screen for a 22-drug panel		32.00	0	32.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEF	4	Prescription Drug	Confirmation by Gas Chromatograph-Mass Spectrometer (GC/MS)				Base Drug Panel		97.00	0	97.00	0	-	-	acid/neutral drug
LEF	5			Acid/Neutral Drug Panel					97.00	0	97.00	0	-	-	BASE drug
LEF	6	Drugs of Abuse	Confirmation				Screen	Methamphetamine, Tetrahydrocannabinol (Marijuana), Cocaine, Heroin	34.00	0	34.00	0	-	-	unit
LEF	7			(1) Meth+metabolite, (2) 3,4-methylenedioxy-N-methamphetamine, (3) 3,4-methylenedioxyamphetamine					163.00	0	163.00	0	-	-	unit
LEF	8			THC (Tetrahydrocannabinol)+metabolite					163.00	0	163.00	0	-	-	unit
LEF	9			Cocaine+metabolite					163.00	0	163.00	0	-	-	unit
LEF	10			Heroin/morphine					163.00	0	163.00	0	-	-	unit
LEF	11	Rush testing fees - added to cost of performing test					Toxicology Testing <96 hours		50.00	0	50.00	0	-	-	unit
LEG	1						B Surface Antigen (HBsAg) Neutralization (confirmation)		28.00	0	28.00	5	-	5.00	Unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEG	2	Immunology	Hepatitis				B Surface Antigen (HBsAg)		12.00	0	19.00	334	7.00	334.00	unit
LEG	3						B Surface Antibody (HBsAb)		18.40	0	20.00	438	1.60	438.00	unit
LEG	4						C (HVC), Supplemental Testing		180.00	0	280.00	9	100.00	9.00	Unit
LEG	5						C (Anti-HVC) Antibody		22.00	0	27.00	864	5.00	864.00	unit
LEG	6		HIV (Human Immunodeficiency Virus)				1/2 and O, Antigen/Antibody Combo		15.75	3100	27.00	1938	11.25	(1,162.00)	unit
LEG	7						1 Confirmation (Western Blot Serum) WB only, reactive EIA (Enzyme Immunoassay) not required	Western Blot only, a reactive Enzyme Immunoassay is not required	140.00	0	140.00	0	-	-	unit
LEG	8						1 Polymerase Chain Reaction		500.00	0	500.00	0	-	-	Unit
LEG	9						Supplemental Testing (HIV-1/HIV-2 differentiation)		60.00	0	85.00	70	25.00	70.00	Unit
LEG	10						Hantavirus		48.00	0	100.00	37	52.00	37.00	unit
LEG	11		Syphilis				Immunoglobulin G (IgG) Antibody		9.00	5000	9.00	5260	-	260.00	unit
LEG	12						Immunoglobulin M (IgM) Antibody		18.00	0	30.00	0	12.00	-	unit
LEG	13						RPR (Rapid Plasma Reagin), Quantitative		9.00	0	9.00	250	-	250.00	unit
LEG	14						TP-PA (Treponemal Pallidum - Partial Agglutination) Confirmation		13.00	0	25.00	104	12.00	104.00	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LEG	15		Quantiferon				Tuberculosis-Gold		56.60	0	50.00	1872	(6.60)	1,872.00	Unit	
LEG	16						Gold Tubes		6.60	0	8.00	1872	1.40	1,872.00	set of three	
LEG	17	Virology	Herpes				Culture screen		12.60	0	12.60	0	-	-	unit	
LEG	18						Culture Typing		19.00	0	19.00	0	-	-	unit	
LEG	19						Identification and Differentiation by Polymerase Chain Reaction (PCR)		75.00	0	40.00	700	(35.00)	700.00	unit	
LEG	20					Varicella Zoster Virus Testing by Polymerase Chain Reaction (PCR)		75.00	0	40.00	10	(35.00)	10.00	Unit		
LEG	21			Rabies				Rodents, low-risk		85.00	0	85.00	0	-	-	unit
LEG	22							Not epidemiological indicated or pre-authorized		15.00	0	95.00	50	80.00	50.00	unit
LEG	23							Epidemiological indicated or pre-authorized		15.00	0	-	400	(15.00)	400.00	unit
LEG	24							Cytomegalovirus (CMV) culture		15.00	0	23.00	5	8.00	5.00	unit
LEG	25							Chlamydia (CT)		24.15	0	24.15	0	-	-	unit
LEG	26							Gonorrhea (GC)		24.15	0	24.15	0	-	-	unit
LEG	27							Gonorrhea and Chlamydia (GC & CT)		24.15	18000	21.00	32750	(3.15)	14,750.00	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEG	28						DFA (Direct Fluorescent Antibody) for Respiratory Illness		15.00	0	50.00	0	35.00	-	unit
LEG	29						DFA (Direct Fluorescent Antibody) for Chicken Pox		15.00	0	50.00	0	35.00	-	unit
LEG	30						General Virus Culture (Respiratory)		40.00	0	50.00	213	10.00	213.00	unit
LEG	31						Chlamydia (CT) and Gonorrhea (GC) Collection Kit		1.30	0	1.30	32750	-	32,750.00	Unit
LEG	32						Viral Transport Kit		2.20	0	2.20	250	-	250.00	Unit
LEG	33						Tuberculosis (bone marrow and blood samples only)	Bone marrow and blood samples only	25.00	0	25.00	0	-	-	unit
LEG	34						Serotyping of an organism from an isolate		40.00	0	100.00	0	60.00	-	Unit
LEG	35						Shigella (Serotyping of an organism from isolate)		-	0	57.00	0	57.00	-	Unit
LEG	36						STEC (Serotyping of an organism from an isolate)		-	0	63.00	0	63.00	-	Unit
LEG	37						Salmonella (Serotyping of an organism from an isolate)		-	0	62.00	0	62.00	-	Unit
LEG	38						Neisseria meningitidis (Serotyping of an organism from isolate)		-	0	66.00	0	66.00	-	Unit
LEG	39						Mycobacteria Identification by Accuprobe		128.00	0	88.00	0	(40.00)	-	unit
LEG	40						Mycobacteria Identification by 16S sequencing		160.00	0	160.00	0	-	-	Unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEG	41			Mycobact			for Mycobacteria with Rapid Identification (ID) as well as Rifampin Resistance Detection		130.00	0	160.00	0	30.00	-	Unit
LEG	42						for Mycobacteria		50.00	0	121.00	0	71.00	-	unit
LEG	43						Escherichia Coli (STEC) Shiga Toxin Producing Escherichia Coli	Shiga toxin E. Coli	75.00	0	112.00	0	37.00	-	unit
LEG	44						Aeromonas/Plesimonas	Shiga toxin E. Coli	-	0	58.00	0	58.00	-	unit
LEG	45						Campylobacter (Isolate)		-	0	44.00	0	44.00	-	unit
LEG	46						Escherichia Coli O157 (Isolate)		-	0	61.00	0	61.00	-	unit
LEG	47						Haemophilus (Isolate)		-	0	36.00	0	36.00	-	unit
LEG	48						Neisseria gonarrhea (Isolate)		-	0	34.00	0	34.00	-	unit
LEG	49						Neisseria meningitis (Isolate)		-	0	38.00	0	38.00	-	unit
LEG	50						Listeria (Isolate)		-	0	58.00	0	58.00	-	unit
LEG	51						Salmonella (Isolate)		-	0	36.00	0	36.00	-	unit
LEG	52						Shigella (Isolate)		-	0	54.00	0	54.00	-	unit
LEG	53						Escherichia coli STEC (Shigotoxin)		-	0	112.00	0	112.00	-	unit
LEG	54						Vibro (Isolate)		-	0	64.00	0	64.00	-	unit

Clinical

Isolate (Isolated Organism)

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEG	55	Bacteriology					Yersinia (Isolate)		-	0	87.00	0	87.00	-	unit
LEG	56						Bacterial (Unknown Pathogen(s))		-	0	44.00	0	44.00	-	Unit
LEG	57						Blood (Unknown Pathogen (s))		-	0	29.00	0	29.00	-	Unit
LEG	58						Campylobacter (Culture)		-	0	55.00	0	55.00	-	Unit
LEG	59						Escherichia coli O157 (Culture)		-	0	59.00	0	59.00	-	Unit
LEG	60						Legionella (Culture)		-	0	37.00	0	37.00	-	Unit
LEG	61						Salmonella (Culture)		-	0	55.00	0	55.00	-	Unit
LEG	62						Shigella (Culture)		-	0	66.00	0	66.00	-	Unit
LEG	63						Yersinia (Culture)		-	0	40.00	0	40.00	-	Unit
LEG	64						of Organism		20.00	0	20.00	0	-	-	unit
LEG	65						of Organism, Special Media		25.00	0	25.00	0	-	-	unit
LEG	66						Clostridium botulinum Rule-in		-	0	717.00	0	717.00	-	Unit
LEG	67						Culture & Toxin (Stool)		400.00	0	400.00	0	-	-	Unit
LEG	68						Toxin Characterization (Stool)		210.00	0	210.00	0	-	-	Unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEG	69						Culture Characterization (Serum)		184.00	0	184.00	0	-	-	Unit
LEG	70						Legionella Culture & Identification / Sample		36.75	0	36.75	0	-	-	Unit
LEG	71						Microorganism Identification (ID) by Sequencing		136.50	4	136.50	4	-	-	unit
LEG	72						Total and fecal coliform		26.25	0	26.25	0	-	-	unit
LEG	73						Plate count		17.85	0	17.85	0	-	-	dilution
LEG	74						pH (Test of acidity or alkalinity) and water activity		50.00	0	50.00	0	-	-	unit
LEG	75						Culture		90.00	0	90.00	0	-	-	unit
LEG	76						Toxin Assay		320.00	0	320.00	0	-	-	unit
LEG	77						Salmonella		231.00	0	231.00	0	-	-	unit
LEG	78						Shigella		57.75	0	57.75	0	-	-	unit
LEG	79						Campylobacter		73.50	0	73.50	0	-	-	unit
LEG	80						Listeria		157.50	0	157.50	0	-	-	unit
LEG	81						Escherichia Coli O157:H7 or Shiga toxin producing organism workup		150.00	0	150.00	0	-	-	unit

Food Microbiology

Clostridium Perfringens,
Staphylococcus Aureus, and Bacillus
Cereus

Isolation and
Speciation

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEG	82						Botulism toxin assay, One Food	one food	800.00	0	800.00	0	-	-	One food
LEG	83						Botulism toxin assay, each additional food item, multiple submission	Cost for each additional food item or multiple submission	21.00	0	21.00	0	-	-	each additional food item
LEG	84						Environmental swab		21.00	0	21.00	0	-	-	unit
LEG	85						Coliform count		26.25	0	26.25	0	-	-	unit
LEG	86	Newborn Screening					Routine first and follow-up screening kit	The fee of 103.79 is split between the Newborn screening testing program (75.83) and the Newborn screening follow-up program (27.96).	102.99	53000	103.79	52525	0.80	(475.00)	unit
LEG	87						Diet Monitoring		7.70	0	7.70	0	-	-	unit
LEG	88						Multi-Pathogen respiratory pathogen panel		50.00	0	336.00	0	286.00	-	unit
LEG	89						Norwalk (Norovirus) Virus		150.00	0	150.00	0	-	-	unit
LEG	90						Influenza A & Influenza B		78.75	0	41.60	0	(37.15)	-	unit
LEG	91						Influenza A sub-typing (H1, H3, 2009 H1)		183.75	0	79.00	0	(104.75)	-	unit
LEG	92						Influenza A HS Polymerase Chain Reaction		-	0	418.54	0	418.54	-	unit
LEG	93						Influenza A H7N9		-	0	349.00	0	349.00	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per		
LEG	94	Molecular Biology	Polymerase Chain Reaction	Mosquito or Bird Swab			Arbovirus, Mosquito Pool		78.75	0	18.00	0	(60.75)	-	Unit		
LEG	95						West Nile Virus		26.25	0	11.00	0	(15.25)	-	Mosquito or Bird Swab		
LEG	96						Saint Louis Encephalitis		26.25	0	11.00	0	(15.25)	-	unit		
LEG	97						Western Equine Encephalitis Virus		26.25	0	11.00	0	(15.25)	-	Mosquito or Bird Swab		
LEG	98								Human West Nile Virus, Immunoglobulin M (IgM)	not screened by Epidemiology	85.00	0	85.00	0	-	-	unit
LEG	99								Pulse Field Gel Electrophoresis		33.00	0	33.00	0	-	-	enzyme
LEG	100								Pulsed-Field Gel Electro - Acinetobacter		-	0	255.00	0	255.00	-	enzyme
LEG	101								Pulsed Field Gel Electrophoresis Campylobacter		-	0	71.00	0	71.00	-	enzyme
LEG	102								Pulsed-Field Gel Electrophoresis - Echerichia coli O157		-	0	128.00	0	128.00	-	enzyme
LEG	103								Pulsed Field Gel Electrophoresis non-O157 Shiga Toxin		-	0	143.00	0	143.00	-	enzyme
LEG	104								Pulsed Field Gel Electrophoresis Listeria		-	0	948.00	0	948.00	-	enzyme
LEG	105								Pulsed Field Gel Electrophoresis - Salmonella		-	0	65.00	0	65.00	-	enzyme
LEG	106								Pulsed Field Gel Electrophoresis Shigella		-	0	364.00	0	364.00	-	enzyme
LEG	107								Pulsed Field Gel Electrophoresis-Not otherwise specified		-	0	59.00	0	59.00	-	enzyme

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEG	108						Multi-pathogen Respiratory Panel (17 targets)		125.00	0	125.00	0	-	-	Has 12 Viruses
LEG	109						Respiratory Sample Collection Kit		2.85	0	2.85	0	-	-	unit
LEG	110						Referral, total cost of testing/shipping to be billed to Customer		-	0	95.00	0	95.00	-	unit
LEG	111						Samples provided for studies (per sample)		-	0	30.00	0	30.00	-	unit
LEG	112						Preparing/Packaging Organisms for studies (per hour)		-	0	32.00	0	32.00	-	unit
LEG	113						Influenza A Subtype H5		183.75	0	183.75	0	-	-	Unit
LEG	114						Orthopox Virus Rule-Out		78.75	0	78.75	0	-	-	Unit
LEG	115						Varicella Zoster Virus (VZV) Chicken Pox, Polymerase Chain Reaction (PCR)		78.75	0	78.75	0	-	-	unit
LEG	116						Environmental Multiple Agent Rule-Out		1,200.00	0	622.00	0	(578.00)	-	Unit
LEG	117						Ricin Toxin Rule-out		120.00	0	473.00	0	353.00	-	unit
LEG	118						Bacillus anthracis Rule-in		-	0	197.00	0	197.00	-	unit
LEG	119						Brucella antibodies by Microagglutination		-	0	117.00	0	117.00	-	unit
LEG	120						Brucella Species Rule-in		-	0	295.00	0	295.00	-	unit
LEG	121						Burkholderia mallei and Burkholderia pseudomallei Rule-in		-	0	298.00	0	298.00	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEG	122						Clostridium botulinum Rule-in		-	0	716.00	0	716.00	-	unit
LEG	123						Coxiella burnetii Polymerase Chain Reaction		-	0	165.00	0	165.00	-	unit
LEG	124						Francisella tularensis Rule-in		-	0	202.00	0	202.00	-	unit
LEG	125						Francisella tularensis antibodies by Microagglutination		-	0	85.00	0	85.00	-	unit
LEG	126	Rush testing					Microbiology Testing <1 week		50.00	0	50.00	0	-	-	unit
LEG	127	Administrative retrieval and copy					1 - 15 copies		20.00	0	20.00	0	-	-	unit
LEH	1	zation Information System	Non-Financial Contributing				Match on Immunization Records in Database		12.00	0	12.00	0	-	-	record
LEH	2						File Format Conversion		30.00	0	30.00	0	-	-	hour
LEH	3						Match on Immunization Records in Database		-	0	-	0	-	-	record

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEH	4	Utah Statewide Immunization	Financial Contributions Partners				Match on Immunization Records in Database	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.	-	0	-	0	-	-	hour
LEH	5						Negative Human Immunodeficiency Virus antibody test	In person notification of an individual	15.00	0	15.00	0	-	-	unit
LEH	6						Fundamentals of Human Immunodeficiency Virus Prevention Counseling Workshops		385.00	0	385.00	0	-	-	unit
LEH	7						Positive/OraQuick/Partner Counseling and Referral Services Workshop		450.00	0	450.00	0	-	-	unit
LEH	8						Human Immunodeficiency Virus 101		40.00	0	40.00	0	-	-	unit
LEH	9						Tuberculosis Skin Testing	Placement and reading	15.00	0	15.00	0	-	-	unit
LEJ	1	Baby Your Baby Program	Health Keepsake books	Non-adapted version			Based on quantity for \$4.00 to \$5.00		5.00	0	5.00	0	-	-	copy
LEJ	2	Baby Your Baby Program	Health Keepsake books	Adapted version			Based on quantity for \$3.00 to \$6.50		6.50	0	6.50	0	-	-	copy
LEK	1	Autopsy					Non-Jurisdictional Case	Plus cost of body transportation	2,500.00	11	2,500.00	11	-	-	unit
LEK	2						External Examination, Non-Jurisdictional Case	Plus transportation	500.00	5	500.00	5	-	-	unit
LEK	3						Use of Medical Examiner facilities and assistants for autopsies		500.00	5	500.00	5	-	-	unit
LEK	4						Use of Medical Examiner facilities and assistants for external exams		300.00	2	300.00	2	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEK	5	Reports					First copy	No charge to next of kin, treating physicians, and investigative or prosecutorial agencies.	-	0	-	0	-	-	unit
LEK	6						All other requestors and additional copies		35.00	100	35.00	100	-	-	unit
LEK	7	Miscellaneous Office of Medical Examiner case file					First copy	No charge to next of kin, treating physicians, and investigative or prosecutorial agencies.	-	0	-	0	-	-	unit
LEK	8						All other requestors and additional copies		35.00	50	35.00	50	-	-	unit
LEK	9	Miscellaneous non-Office of Medical Examiner case file					All requestors cost for non-Office of Medical Examiner copies		50.00	97	50.00	97	-	-	file request
LEK	10	Cremation Authorization					Review and authorize cremation	\$5.00 per permit payable to Vital Records for processing.	45.00	6345	45.00	6345	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEK	11	Court	Preparation, consultation and appearance; Portal to portal expenses including travel costs and waiting time				Medical Examiner criminal cases out of state		450.00	10	450.00	10	-	-	hour
LEK	12						Non-Jurisdictional Medical Examiner criminal and all civil cases		450.00	10	450.00	10	-	-	hour
LEK	13						Medical Examiner Consultation on non-Medical Examiner cases		450.00	10	450.00	10	-	-	hour
LEK	18	Photographic, Slide, and Digital Services	Digital Image				Glass Slides		20.00	5	20.00	5	-	-	unit
LEK	19						Digital X-ray Image from Digital Source - Flat fee per X-ray image		10.00	35	10.00	5	-	(30.00)	unit
LEK	20						Digital image copied from Digital source, flat fee for up to 30 requested images		10.00	101	10.00	35	-	(66.00)	image
LEK	21						Digital image copied from Digital source, per image cost for request over 30 images		1.00	5	1.00	101	-	96.00	unit
LEK	22						Copied from color slide negatives		5.00	10	5.00	10	-	-	unit
LEK	25	issue Harvest or Acquisition					Skin Graft		132.83	10	132.83	10	-	-	unit
LEK	26						Bone		265.65	150	265.65	150	-	-	unit
LEK	27						Heart Valve		69.30	20	69.30	20	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LEK	28	Use of Room f					Eye		34.65	220	34.65	220	-	-	unit
LEK	29		Saphenous vein						69.30	15	69.30	15	-	-	unit
LEK	30	Body Storage					Daily charge for use of Medical Examiner Storage Facilities	Beginning 24 hours after notification that body is ready for release.	30.00	5	30.00	5	-	-	unit
LEK	31	Biologic samples requests					Handling and storage of requested samples by outside sources		25.00	19	25.00	19	-	-	unit
LFF	1	Office Visit, New Patient					99201 Problem focused, straightforward		44.00	5	47.00	5	3.00	-	unit
LFF	1						92550 Tympanometry & Accoustic Relex Threshold Testing		-	0	71.00	2	71.00	2.00	Unit
LFF	1						92570 Tympanometry & Acoustic Reflex Threshold & Acoustic Reflex Decay Testing		-	0	80.00	5	80.00	5.00	Unit
LFF	2	Office Visit, New Patient					99202 Expanded problem, straightforward		76.00	80	81.00	80	5.00	-	unit
LFF	3		99203 Detailed, low complexity						112.00	130	120.00	130	8.00	-	unit
LFF	4		99204 Comprehensive, Moderate complexity						172.00	215	182.00	215	10.00	-	unit
LFF	5		99205 Comprehensive, high complexity						217.00	45	229.00	45	12.00	-	unit
LFF	6		99211 Minimal Service or non-Medical Doctor						24.00	10	28.00	10	4.00	-	unit
LFF	7	Established Patient					99212 Problem focused, straightforward		45.00	350	47.00	350	2.00	-	unit
LFF	8		99213 Expanded problem, low complexity						74.00	300	74.00	300	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFF	9	Office Vis					99214 Detailed, moderate complexity		111.00	250	111.00	250	-	-	unit
LFF	10						99215 Comprehensive, high complexity		151.00	500	151.00	500	-	-	unit
LFF	11	Office Consultation, New or Established Patient					99241 Problem focused, straightforward		60.00	5	60.00	5	-	-	unit
LFF	12						99242 Expanded problem focused, straightforward		110.00	10	110.00	10	-	-	unit
LFF	13						99243 Detailed exam, low complexity		151.00	225	151.00	225	-	-	unit
LFF	14						99244 Comprehensive, moderate complexity		223.00	10	223.00	10	-	-	unit
LFF	15						99245 Comprehensive, high complexity		275.00	60	275.00	60	-	-	unit
LFF	16						95974 Cranial Neurostimulation evaluation		160.00	1	160.00	1	-	-	unit
LFF	17						99354 Prolonged, face to face	First hour	114.00	5	114.00	5	-	-	unit
LFF	18						99355 Prolonged, face to face	Additional 30 minutes	112.00	5	112.00	5	-	-	unit
LFF	19						99358 Prolonged, non face to face	First hour	93.00	275	93.00	275	-	-	unit
LFF	20						99359 Prolonged, non face to face	Additional 30 minutes	51.00	275	51.00	275	-	-	unit
LFF	21					T1013 Sign Language oral interview		13.00	1	13.00	1	-	-	unit	
LFF	22	Nutrition					97802 Medical Nutrition Assessment		22.00	300	22.00	300	-	-	unit
LFF	23						97803 Nutrition Reassessment		22.00	300	22.00	300	-	-	unit
LFF	24						96101 Testing		136.00	600	136.00	600	-	-	unit
LFF	25						96102 Testing by technician		65.00	15	65.00	15	-	-	unit
LFF	26						96103 Testing with computer		60.00	1	60.00	1	-	-	unit
LFF	27						96110 Developmental Testing		136.00	1	136.00	1	-	-	unit
LFF	28						96111 Extended Developmental Testing		136.00	35	136.00	35	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LFF	29	Psychology					90801 Diagnostic Exam		160.00	364	160.00	364	-	-	hour	
LFF	31						90801-52 Diagnostic Exam, Reduced Procedures		80.00	1	80.00	1	-	-	hour	
LFF	32						90802 Interactive Psychiatric Exam		160.00	1	160.00	1	-	-	unit	
LFF	33						90804 Psychotherapy, face to face, 20-30 minutes		68.00	1	68.00	1	-	-	unit	
LFF	34						90806 Psychotherapy, face to face, 50 minutes		130.00	575	130.00	575	-	-	unit	
LFF	35						90846 Family Medical Psychotherapy, 30 minutes		90.00	1	90.00	1	-	-	unit	
LFF	36						90847 Family Medical Psychotherapy, conjoint 30 minutes		130.00	15	130.00	15	-	-	unit	
LFF	37						90882 Environmental Intervention with Agencies, Employers, etc.		49.00	1	49.00	1	-	-	unit	
LFF	38						90882-52 Environmental Intervention Reduced Procedures		23.00	50	23.00	50	-	-	unit	
LFF	39						90885 Evaluation of hospital records		40.00	1	40.00	1	-	-	unit	
LFF	40						90889 Preparation of reports		40.00	1	40.00	1	-	-	unit	
LFF	41		Physical and Occupational Therapy					97001 Physical Therapy Evaluation		90.00	215	90.00	215	-	-	unit
LFF	42							97002 Physical Therapy Re-evaluation		52.00	100	52.00	100	-	-	unit
LFF	43						97003 Occupational Therapy Evaluation		90.00	215	90.00	215	-	-	unit	
LFF	44						97004 Occupational Therapy Re-evaluation		52.00	55	52.00	55	-	-	unit	
LFF	45						97110 Therapeutic Physical Therapy		33.00	5	33.00	5	-	-	unit	
LFF	46						97530 Therapeutic Activity		40.00	5	40.00	5	-	-	unit	
LFF	47						97535 Self Care Management		30.00	1	30.00	1	-	-	unit	
LFF	48						95742 Wheelchair Assessment fitting/training		25.00	5	25.00	5	-	-	15 minutes	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFF	49	Physic					95755 Assistive Technology Assessment		25.00	5	25.00	5	-	-	15 minutes
LFF	50						97760 Orthotic Management		38.00	5	38.00	5	-	-	unit
LFF	51						97762 Orthotic/prosthetic Use Management		38.00	2	38.00	2	-	-	unit
LFF	52						G9012 Wheelchair Measurement / Fitting		312.00	15	312.00	15	-	-	unit
LFF	53	Speech					92506 Speech Basic Assessment		170.00	300	170.00	300	-	-	unit
LFF	54						92506-22 Speech Assessment, unusual procedures		180.00	145	180.00	145	-	-	unit
LFF	55						92506-52 Speech Assessment, reduced procedures		80.00	280	80.00	280	-	-	unit
LFF	56	Ophthalmology					92002 Exam & evaluation, intermediate, new patient		81.00	65	81.00	65	-	-	unit
LFF	57						92012 Exam & evaluation, intermediate, established patient		85.00	500	85.00	500	-	-	unit
LFF	58						92015 Determination of refractive state		51.00	365	51.00	365	-	-	unit
LFF	60						92551 Audiometry, Pure Tone Screen		33.00	50	33.00	50	-	-	unit
LFF	61					92552 Audiometry, Pure Tone Threshold		36.00	20	36.00	20	-	-	unit	
LFF	62					92553 Audiometry, Air and Bone		44.00	5	44.00	5	-	-	unit	
LFF	63					92555 Speech Audiometry threshold testing		28.00	25	28.00	25	-	-	unit	
LFF	64					92556 Speech Audiometry threshold/speech recognition testing		40.00	1	40.00	1	-	-	unit	
LFF	65					92557 Basic Comprehension, Audiometry		80.00	10	80.00	10	-	-	unit	
LFF	66					92567 Tympanometry		26.00	1100	26.00	1100	-	-	unit	
LFF	67					92568 Acoustic reflex testing, threshold		45.00	1	45.00	1	-	-	unit	
LFF	68					92579 Visual reinforcement audiometry		57.00	660	57.00	660	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFF	69	Audiology					92579-52 Visual reinforcement audiometry, limited		47.00	1	47.00	1	-	-	unit
LFF	70						92582 Conditioning Play Audiometry		80.00	325	80.00	325	-	-	unit
LFF	71						92585 Auditory Evoked Potentials testing		95.00	1	125.00	1	30.00	-	unit
LFF	72						92587 Evoked Otoacoustic emissions testing		58.00	885	58.00	885	-	-	unit
LFF	73						92590 Hearing Aid Exam		53.00	1	53.00	1	-	-	unit
LFF	74						92591 Hearing Aid Exam, Binaural		108.00	5	108.00	5	-	-	unit
LFF	75						92592-52 Hearing aid check, monaural		31.00	1	31.00	1	-	-	unit
LFF	76						92593-52 Hearing aid check, binaural		44.00	1	44.00	1	-	-	unit
LFF	79						92620 Evaluation of Central Auditory Function		87.00	15	87.00	15	-	-	unit
LFF	80						92621 Evaluation of Central Auditory Function	Each additional 15 minutes	22.00	1	22.00	1	-	-	unit
LFF	81						V5008 Hearing Check, Patient Under 3 Years Old		38.00	5	38.00	5	-	-	unit
LFF	82						V5257 Hearing Aid, Digital Monaural		2,000.00	1	2,000.00	1	-	-	unit
LFF	83						V5261 Hearing Aid, Digital Binaural		1,100.00	1	1,100.00	1	-	-	unit
LFF	84						V5264 Ear Mold Insert		75.00	1	75.00	1	-	-	unit
LFF	85						V5266 Hearing Aid battery		1.00	1	1.00	1	-	-	unit
LFF	86	BabyWatch / Early Intervention					Monthly charges based on a sliding fee schedule		-	0	-	0	-	-	unit
LFF	87		Newborn				Screening	State Lab Collects Fee this is Children with Special Health Care Needs Portion	-	0	-	0	-	-	unit
LFF	88			Hearing	State Lab Collects Fee this is Children with Special Health Care Needs Portion	-	0	-	0	-	-	unit			

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFF	89	Health Clinics					90791 Psychiatric Diagnostic Evaluation		94.00	0	94.00	0	-	-	unit
LFF	90						90792 Psychiatric Diagnostic Evaluation With Medical Services		94.00	0	94.00	0	-	-	Unit
LFG	1						Blood Draw Permit		35.00	140	35.00	140	-	-	Unit
LFG	1						Initial and Reciprocity Certification Quality Assurance Review Fee for All Levels Except Emergency Medical Dispatcher		30.00	3000	30.00	3000	-	-	Unit
LFG	1						Advanced Practical Test		40.00	600	40.00	600	-	-	Unit
LFG	1						Advanced Practical Re-Test		40.00	60	40.00	60	-	-	Unit
LFG	1						Initial, Reciprocity, and Recertification Quality Assurance Review Fee for Emergency Medical Dispatcher Initial Certification, Reciprocity and Recertification		15.00	20	15.00	20	-	-	Unit
LFG	1						Course Quality Assurance Review For All Levels Except Emergency Medical Dispatch		125.00	400	125.00	400	-	-	Unit
LFG	1						Pediatric Advanced Life Support Course Renewal		170.00	0	85.00	45	(85.00)	45.00	Unit
LFG	1						Pediatric Education for Prehospital Professionals Course Renewal		170.00	0	85.00	30	(85.00)	30.00	Unit
LFG	1						Emergency Medical Technician Practical Re-Test		40.00	200	40.00	200	-	-	Unit
LFG	1						Pediatric Advanced Life Support Course		-	0	170.00	30	170.00	30.00	unit
LFG	1						Pediatric Education for Prehospital Professionals Course	Clarification in wording of fee to reflect acutal course offered	-	0	170.00	40	170.00	40.00	unit
LFG	1						Rental of pediatric course equipment to for-profit agency		-	0	150.00	2	150.00	2.00	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LFG	4	Registration, Certification and Testing	Recertification Fee				Recertification Quality Assurance Review Fee for All Levels Except Emergency Medical Dispatcher		20.00	1200	20.00	1200	-	-	unit	
LFG	5						Lapsed Certification		30.00	200	30.00	200	-	-	unit	
LFG	7		Written Test Fee				All written tests, Retests		20.00	3200	20.00	3200	-	-	unit	
LFG	8	Practical Test	Emergency Medical				Certification Practical Test		40.00	50	40.00	50	-	-	unit	
LFG	9						Certification Practical Retest		40.00	5	40.00	5	-	-	station	
LFG	13		Emergency Medical Technician	Basic	Recertification/Reciprocity			Practical Test		80.00	2000	80.00	2000	-	-	unit
LFG	18					Intermediate			Advanced Practical Test		100.00	1	100.00	1	-	-
LFG	19							Advanced Practical Retest		50.00	10	50.00	10	-	-	station
LFG	20						Paramedic Practical Initial and Reciprocity Test		200.00	100	200.00	100	-	-	unit	
LFG	21					Paramedic Practical Reciprocity Retest		70.00	2	70.00	2	-	-	station		
LFG	22		Ground Ambulance					Basic		100.00	35	100.00	35	-	-	vehicle
LFG	23							Intermediate		130.00	200	130.00	200	-	-	vehicle
LFG	24		Interfacility Transfer					Basic		100.00	2	100.00	2	-	-	vehicle
LFG	25						Interfacility Transfer Ambulance, Intermediate/Advanced		130.00	2	130.00	2	-	-	vehicle	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LFG	26	Annual Quality Assurance Review	Paramedic				Rescue		165.00	55	165.00	55	-	-	vehicle	
LFG	27						Tactical Response		165.00	15	165.00	15	-	-	vehicle	
LFG	28						Ambulance		170.00	30	170.00	30	-	-	vehicle	
LFG	29						Interfacility Transfer Service		170.00	10	170.00	10	-	-	vehicle	
LFG	30					Fleet fee	Agency with 20 or more vehicles	3,200.00	2	3,200.00	2	-	-	fleet		
LFG	31			Quick Response				Basic		65.00	60	65.00	60	-	-	vehicle
LFG	32						Quick Response Unit, Intermediate/Advanced		65.00	5	65.00	5	-	-	vehicle	
LFG	33			Air Ambulance				Advanced Air Ambulance		130.00	0	130.00	0	-	-	vehicle
LFG	34						Specialized		165.00	0	165.00	0	-	-	vehicle	
LFG	35						Out of State		200.00	0	200.00	0	-	-	vehicle	
LFG	36						Emergency Medical Dispatch Center		65.00	0	65.00	0	-	-	center	
LFG	37						Resource Hospital		65.00	30	65.00	30	-	-	hospital	
LFG	38		ation Reviews					Original Ground Ambulance/Paramedic License Negotiated		650.00	5	650.00	5	-	-	unit
LFG	39						Original Ambulance/Paramedic License Contested		-	0	-	0	-	-	unit	
LFG	40						Original Designation		125.00	5	125.00	5	-	-	unit	
LFG	41						Renewal Ambulance/Paramedic/Air License		125.00	0	125.00	0	-	-	unit	
LFG	42						Renewal Designation		125.00	4	125.00	4	-	-	unit	
LFG	43						Upgrade in Ambulance Service Level		125.00	0	125.00	0	-	-	unit	
LFG	44						Original Air Ambulance License		650.00	8	650.00	8	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFG	45	Quality Assurance Appli					Original Air Ambulance License with Commission on Accreditation of Medical Transport Services Certification		250.00	10	250.00	10	-	-	unit
LFG	46		Change in ownership/operato				Non-contested		650.00	0	650.00	0	-	-	unit
LFG	47			Contested				-	0	-	0	-	-	unit	
LFG	48		Change in geographic service				Non-contested		650.00	1	650.00	1	-	-	unit
LFG	49			Contested				-	0	-	0	-	-	unit	
LFG	50	Voluntary Trauma Center Designation - Level I, II, III, IV, and					Site Team Initial Verification/Quality Assurance Review		3,000.00	1	3,000.00	1	-	-	unit
LFG	51						Re-designation Quality Assurance Review		2,500.00	1	2,500.00	1	-	-	unit
LFG	52						Designation Consultation Quality Assurance Review		500.00	4	500.00	4	-	-	unit
LFG	53						Focused Quality Assurance Review		1,500.00	2	1,500.00	2	-	-	unit
LFG	59	Emergency Medical					Dispatch Course		35.00	2	35.00	2	-	-	unit
LFG	60						Services Training & Testing Agency Designation		125.00	5	125.00	5	-	-	unit
LFG	61						Course Quality Assurance Review Late	Less than 30 days	25.00	10	25.00	10	-	-	unit
LFG	62		awctor					Course Registration		150.00	0	150.00	0	-	-

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFG	63	Quality Assurance Course Review	New Instr				Course Registration Late		25.00	0	25.00	0	-	-	unit
LFG	64		Course Coordinator				Seminar Registration		50.00	0	50.00	0	-	-	unit
LFG	65						Seminar Registration Late		25.00	0	25.00	0	-	-	unit
LFG	66						Course Registration		50.00	0	50.00	0	-	-	unit
LFG	67						Course Registration Late		25.00	0	25.00	0	-	-	unit
LFG	68			Instructor Seminar				Registration		150.00	0	150.00	0	-	-
LFG	69						Registration Late		25.00	0	25.00	0	-	-	unit
LFG	70						Vendor		200.00	5	200.00	5	-	-	unit
LFG	71		New Training				Course Registration		50.00	0	50.00	0	-	-	unit
LFG	72						Course Registration Late		25.00	0	25.00	0	-	-	unit
LFG	73		Training Officer				Seminar Registration		50.00	0	50.00	0	-	-	unit
LFG	74						Seminar Registration Late		25.00	0	25.00	0	-	-	unit
LFG	75						Emergency Vehicle Operations Instructor Course		40.00	0	40.00	0	-	-	unit
LFG	76						Medical Director's Course		50.00	0	50.00	0	-	-	unit
LFG	77		Pediatric				Advanced Life Support Course		170.00	0	170.00	0	-	-	unit
LFG	78						Education for Prehospital Professionals Course		170.00	0	170.00	0	-	-	unit
LFG	79						Management Seminar		50.00	0	50.00	0	-	-	unit
LFG	80						Prehospital Trauma Life Support Course		175.00	0	175.00	0	-	-	unit
LFG	81						Salt Lake County		25.00	0	25.00	0	-	-	unit
LFG	82						Davis, Utah, and Weber Counties		50.00	0	50.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFG	83	Equipment Delivery					Late	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.	10.00	0	10.00	0	-	-	day
LFG	84	Background Checks					Background checks	Name only	30.00	2300	30.00	2300	-	-	unit
LFG	85						Background checks (fingerprints + name)		65.00	700	65.00	700	-	-	unit
LFG	86	Data	Pre-hospital Data				Non-profits Users	Academic, non-profit, and other government users	800.00	5	800.00	5	-	-	unit
LFG	87						For-profit Users		1,600.00	1	1,600.00	1	-	-	unit
LFG	88		Trauma Registry				Non-profits Users	Academic, non-profit, and other government users	800.00	5	800.00	5	-	-	unit
LFG	89						For-profit Users		1,600.00	1	1,600.00	1	-	-	unit
LFH	1	Annual License					Health Facilities base	A base fee for health facilities of \$260.00 plus the appropriate fee as indicated below applies to any new or renewal license.	260.00	60	260.00	100	-	40.00	unit
LFH	1						DACS Initial Clearance		-	0	15.00	6000	15.00	6,000.00	unit
LFH	1						DACS Facility Renewal		-	0	200.00	316	200.00	316.00	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFH	1						DACS Contractor Access		-	0	100.00	10	100.00	10.00	unit
LFH	2						Covered contractor set up fee for background checks		300.00	15	300.00	0	-	(15.00)	Unit
LFH	3	Annual License					Abortion Clinics		1,800.00	4	1,800.00	3	-	(1.00)	unit
LFH	4	Two Year Licensing Base	Plus the appropriate fee as listed below to any new or renewal				Health Care Facility	Every other year	520.00	317	520.00	380	-	63.00	unit
LFH	5		Health Care Providers Change Fee				Health Care Providers	A fee of \$130.00 is charged to health care providers making changes to their existing license.	130.00	234	130.00	250	-	16.00	unit
LFH	6		Hospitals				Hospital Licensed Bed		39.00	415	39.00	5757	-	5,342.00	unit
LFH	7						Nursing Care Facilities, and Small Health Care Facilities Licensed Bed		31.20	1234	31.20	2988	-	1,754.00	unit
LFH	8						Residential Treatment Facilities Licensed Bed		26.00	0	26.00	0	-	-	unit
LFH	9						End Stage Renal Disease Centers Licensed Station		182.00	156	182.00	300	-	144.00	unit
LFH	10						Freestanding Ambulatory Surgery Centers		2,990.00	25	2,990.00	23	-	(2.00)	facility
LFH	11						Birthing Centers		520.00	1	520.00	0	-	(1.00)	licensed unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LFH	12						Hospice Agencies		1,495.00	50	1,495.00	57	-	7.00	unit	
LFH	13						Home Health Agencies		1,495.00	38	1,495.00	72	-	34.00	unit	
LFH	14						Personal Care Agencies		1,000.00	16	1,000.00	47	-	31.00	unit	
LFH	15						Mammography Screening Facilities		520.00	6	520.00	10	-	4.00	unit	
LFH	16		Assisted Living				Type I		26.00	332	26.00	554	-	222.00	licensed bed	
LFH	17						Type II		26.00	1213	26.00	2551	-	1,338.00	licensed bed	
LFH	18						The fee for each satellite and branch office of current licensed facility		260.00	125	260.00	200	-	75.00	unit	
LFH	19						Background Checks		15.00	25000	15.00	0	-	(25,000.00)	unit	
LFH	20		Late Fee					Within 1 to 14 days after expiration of license		-	0	-	0	-	-	unit
LFH	21								Within 15 to 30 days after expiration of license		-	0	-	0	-	-
LFH	22	Change in Ownership					New Provider/Change in Ownership Applications for health care facilities	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.	747.50	37	747.50	50	-	13.00	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFH	23	New Provider/Change					Assisted Living and Small Health Care Type-N (nursing focus) Limited Capacity/Change of Ownership Applications:	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.	325.00	100	325.00	100	-	-	unit
LFH	24	Termination or Delay	is terminated or delayed during the services rendered will be retained as				Policy and Procedure Review		-	0	-	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFH	25	Application Term	If a health care facility application application process, a fee based on				On-site inspections		-	0	-	0	-	-	unit
LFH	26		spitals				Up to 16		3,445.00	5	3,445.00	6	-	1.00	unit
LFH	27						17 to 50		6,890.00	4	6,890.00	2	-	(2.00)	unit
LFH	28						51 to 100		10,335.00	1	10,335.00	0	-	(1.00)	unit
LFH	29						101 to 200		12,870.00	1	12,870.00	0	-	(1.00)	unit
LFH	30						201 to 300		15,470.00	0	15,470.00	0	-	-	unit
LFH	31						301 to 400		17,192.50	0	17,192.50	0	-	-	unit
LFH	32						Over 400, base		17,192.50	0	17,192.50	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LFH	33	Plan Review and Inspection	Hos	Number of Beds			Over 400, each additional bed	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.	37.70	0	37.50	0	(0.20)	-	unit	
LFH	34		Nursing Care Facilities and Small Health Care					Up to 5		1,118.00	1	1,118.00	0	-	(1.00)	unit
LFH	35						6 to 16		1,716.00	1	1,716.00	0	-	(1.00)	unit	
LFH	36						17 to 50		3,900.00	1	3,900.00	4	-	3.00	unit	
LFH	37						51 to 100		6,890.00	0	6,890.00	2	-	2.00	unit	
LFH	38						101 to 200		8,580.00	0	8,580.00	2	-	2.00	unit	
LFH	39						Freestanding Ambulatory Surgical Facilities		1,722.50	10	1,722.50	12	-	2.00	operating room	
LFH	40					Other Freestanding Ambulatory Facilities		442.00	0	442.00	0	-	-	service unit		
LFH	41					End Stage Renal Disease Facilities		175.50	20	175.50	84	-	64.00	service unit		
LFH	42		Type II					Up to 5		598.00	3	598.00	8	-	5.00	unit
LFH	43						6 to 16		1,196.00	10	1,196.00	8	-	(2.00)	unit	
LFH	44						17 to 50		2,762.50	6	2,762.50	6	-	-	unit	
LFH	45						51 to 100		5,167.50	2	5,167.50	4	-	2.00	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFH	46		Assisted Living Type I and II	Number of Beds			101 to 200	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.	7,247.50	1	7,247.50	0	-	(1.00)	unit
LFH	47		Remodels of Licensed				Hospitals, Freestanding Surgery Facilities		0.29	300000	0.29	62158	-	(237,842.00)	square foot
LFH	48						All others excluding Home Health Agencies		0.25	25000	0.25	0	-	(25,000.00)	square foot
LFH	49						Each additional required on-site inspection		559.00	20	559.00	25	-	5.00	unit
LFH	50						Other Plan-Review Fee Policies	(see end of sheet)	-	0	-	0	-	-	unit
LFH	51					Health Care Facility Licensing Rules	Plus mailing	-	0	-	0	-	-	unit	
LFH	52		Certificate of Authority				Health Maintenance Organization Review of Application		650.00	0	650.00	0	-	-	unit
LFJ	1						Background checks		-	0	15.00	13000	15.00	13,000.00	Unit
LFJ	2	Monitoring actions					Center-based providers	Charge per extra visit begins with the second additional visit required due to non-compliance.	-	0	253.00	24	253.00	24.00	visit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFJ	3	Conditiona inspe					Home-based providers	Charge per extra visit begins with the second additional visit required due to non-compliance.	-	0	245.00	0	245.00	-	Visit
LFJ	4	Annual License					Annual Licensed Child Care Facility Base	Plus the appropriate fee as listed below to any new or renewal license	25.00	1196	31.00	1196	6.00	-	unit
LFJ	5						Change in license or certificate during the license period more than twice a year		25.00	20	31.00	20	6.00	-	unit
LFJ	6						Child Care Center Facilities		1.50	23948	1.75	23948	0.25	-	child
LFJ	7						Late Fee	Within 1 - 30 days after expiration of license facility will be assessed 50% of scheduled fee	12.50	100	15.50	100	3.00	-	unit
LFJ	8		New Provider/Change in Ownership					New Provider/Change in Ownership Applications for Child Care center facilities	A \$200.00 fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.	200.00	75	200.00	75	-	-
LFJ	9						Non-compliant facilities and additional inspections for non-compliant facilities		25.00	131	25.00	131	-	-	unit
LFJ	10						Child care program fees are not refundable	Nonrefundable	-	0	-	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LFJ	11	Other					Child Care Licensing Rules	Licenses receive 1 copy of each newly published edition of applicable Facility Rules. Additional copies of the rules will reflect the cost of printing & mailing.	-	0	-	0	-	-	unit
LGG	1	Primary Care Network Client					Over 50% of Poverty Level		50.00	0	50.00	0	-	-	year, person or married couple
LGG	2	Provider Enrollment					Medicaid application fee for prospective or re-enrolling providers		532.00	10	542.00	10	10.00	-	unit
LHG	1						10040 Acne Surgery		48.00	0	48.00	0	-	-	unit
LHG	2						31505 Laryngoscopy		-	0	70.00	8	70.00	8.00	Unit
LHG	3						90791, Psychiatric diagnosis evaluation w/o medical service		40.00	72	40.00	72	-	-	15 Minutes
LHG	4						Viscous Lidocaine J8499		5.00	0	5.00	0	-	-	Unit
LHG	5						Progesterone J2675		4.00	0	4.00	0	-	-	Unit
LHG	6						International Normalized Ratio home testing review G0250		8.00	0	8.00	0	-	-	Unit
LHG	7						Gauze less than 16 sq in. A6402		1.00	0	1.00	0	-	-	Unit
LHG	8						Gauze 16-48 sq in. A6403		2.00	0	2.00	0	-	-	Unit
LHG	9						Wood filler/paste A6261		40.00	0	40.00	0	-	-	Unit
LHG	10						Malignant lesion removal 0.5 cm or less 11600		120.00	0	120.00	0	-	-	Unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	11						Typhoid 90691		75.00	0	75.00	0	-	-	Unit
LHG	12						Artificial Insemination 58321		250.00	0	250.00	0	-	-	Unit
LHG	13		Arterial Studies				93922		120.00	0	120.00	0	-	-	Unit
LHG	14						93923		182.00	0	182.00	0	-	-	Unit
LHG	15						93924		221.00	0	221.00	0	-	-	Unit
LHG	16						IV Monitoring 1st half hr 96360		60.00	0	60.00	0	-	-	Unit
LHG	17					IV Monitoring each additional hr 96361		20.00	0	20.00	0	-	-	Unit	
LHG	18					1000cc normal saline J7030		10.00	0	10.00	0	-	-	Unit	
LHG	19					New patient well exam 99386		119.00	0	119.00	0	-	-	Unit	
LHG	20					New patient well exam 99387		126.00	0	126.00	0	-	-	Unit	
LHG	21		Incision & Drainage				10060 Abscess Simple/Single		68.00	0	68.00	0	-	-	unit
LHG	22						10061 Complicated or Multiple		125.00	0	125.00	0	-	-	unit
LHG	23						10080 Pilonidal Cyst	Simple	73.00	0	73.00	0	-	-	unit
LHG	24						10120 Incision & Removal Foreign Object-Simple		73.00	0	73.00	0	-	-	unit
LHG	25					10140 Incision & Drainage of Cyst, Hematoma or Seroma		130.00	0	130.00	0	-	-	unit	
LHG	26					10160 Puncture Aspiration of Abscess, Hematoma		52.00	0	52.00	0	-	-	unit	
LHG	27		Debridement				11000 Infected Skin up to 10%		57.00	0	57.00	0	-	-	unit
LHG	28						11040 Skin Partial Thickness		44.00	0	44.00	0	-	-	unit
LHG	29						11041 Skin Full Thickness		52.00	0	52.00	0	-	-	unit
LHG	30						11042 Skin & Subcutaneous Tissue		110.00	0	110.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	31						11044 Skin, Tissue, Muscle, Bone		218.00	0	218.00	0	-	-	unit
LHG	32						11100 Biopsy for Skin Lesion Subcutaneous		62.00	0	62.00	0	-	-	unit
LHG	33						11101 Biopsy for Skin Subcutaneous Each Separate/Additional Lesion		32.00	0	32.00	0	-	-	unit
LHG	34						11200 Removal Skin Tags 1-15		78.00	0	78.00	0	-	-	unit
LHG	35						11201 Removal Skin tag any area, Each Add 10 Lesion		14.00	0	14.00	0	-	-	unit
LHG	36						11300 Shave Biopsy for Epidermal/Dermal Lesion 1 Trunk-Neck		47.00	0	47.00	0	-	-	unit
LHG	37						11305 Shave Excision & Electrocautery		67.00	0	67.00	0	-	-	unit
LHG	38						11310 Surgery by Electrocautery		42.00	0	42.00	0	-	-	unit
LHG	39						11400 Lesion 0.5cm or Less		47.00	0	47.00	0	-	-	unit
LHG	40						11401 Lesion 0.6-1cm		88.00	0	88.00	0	-	-	unit
LHG	41						11402 Lesion 1.1-2.0 cm		72.00	0	72.00	0	-	-	unit
LHG	42						11403 2.1-3.0 cm		104.00	0	104.00	0	-	-	unit
LHG	43						11404 3.1-4.0 cm		155.00	0	155.00	0	-	-	unit
LHG	44						11420 Scalp/Neck/Genital 0.5 or less		47.00	0	47.00	0	-	-	unit
LHG	45						11421 Lesion 0.6-1.0 cm		73.00	0	73.00	0	-	-	unit
LHG	46						11422 Subcutaneous/Neck/Genital/Feet 1.1-2.0 cm		80.00	0	80.00	0	-	-	unit
LHG	47						11423 Cyst		96.00	0	96.00	0	-	-	unit
LHG	48						11440 Benign Face/Ear/Eyelid 0.5cm/less		57.00	0	57.00	0	-	-	unit
LHG	49						11441 Benign Lesion Face/Ear/Eye/Nose 0.6-1.0 cm		100.00	0	100.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	50						11602 Malignant Trunk/Arm/Leg 1.1-2.0 cm		112.00	0	112.00	0	-	-	unit
LHG	51						11604 3.1-4.0 cm		166.00	0	166.00	0	-	-	unit
LHG	52			Malignant			11622 Lesion Scalp/Neck/Hand/Feet/Genital 1.1-2.0 cm		166.00	0	166.00	0	-	-	unit
LHG	53						11641 Face/Nose/Ear 0.6-1.0 cm		131.00	0	131.00	0	-	-	unit
LHG	54						11642 Face/Nose Ears 1.1-2.0 cm		172.00	0	172.00	0	-	-	unit
LHG	55						11720 Debridement for Nails 1-5		27.00	0	27.00	0	-	-	unit
LHG	56						11721 Debridement for Nails 6 or More		42.00	0	55.00	0	13.00	-	unit
LHG	57		Avulsion				11730 Nail Plate Single		68.00	0	68.00	0	-	-	unit
LHG	58						11731 Nail Second		42.00	0	42.00	0	-	-	unit
LHG	59						11732 Nail Each Additional Nail		30.00	0	30.00	0	-	-	unit
LHG	60						11740 Toenail		26.00	0	26.00	0	-	-	unit
LHG	61						11750 Excision for Nail/Matrix Permanent Removal		175.00	0	175.00	0	-	-	unit
LHG	62						11765 Wedge Excision of Skin of Nail Fold Ingrown		60.00	0	60.00	0	-	-	unit
LHG	63		Repair	Simple			12001 Superficial Wound 2.5 cm or Less		192.00	0	192.00	0	-	-	unit
LHG	64						12002 Wound 2.6-7.5 cm		203.00	0	203.00	0	-	-	unit
LHG	65						12004 Wound 7.6-12.5 cm		133.00	0	133.00	0	-	-	unit
LHG	66						12005 Wound 12.6-20.0 cm		166.00	0	166.00	0	-	-	unit
LHG	67						12011 Face/Ear/Nose/Lip 2.5 cm or Less		234.00	0	234.00	0	-	-	unit
LHG	68						12032 Layer Closure Scalp/Extremities/Trunk 2.6-7.5 cm		151.00	0	151.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LHG	69						12035 Layer Closure Scalp/Extremities/Trunk 12.6-20 cm		227.00	0	227.00	0	-	-	unit	
LHG	70						13120 Complex Scalp/Arms/Legs		146.00	0	146.00	0	-	-	unit	
LHG	71						16020 Burn Dress without Anesthesia Office/Hospital Small		35.00	0	35.00	0	-	-	unit	
LHG	72						16025 Burn Dress without Anesthesia Medical Face/Extremities		68.00	0	68.00	0	-	-	unit	
LHG	73		Destruction				17000 Any Method Benign First Lesion		78.00	0	78.00	0	-	-	unit	
LHG	74						17003 Add-on Benign/Pre-malignant		47.00	0	47.00	0	-	-	unit	
LHG	75						17004 Benign Lesion 15 or More		182.00	0	182.00	0	-	-	unit	
LHG	76						17110 Flat Wart for Up to 15		88.00	0	88.00	0	-	-	unit	
LHG	77						17111 Flat Warts for 15 and More		50.00	0	50.00	0	-	-	unit	
LHG	78			Malignant				17260 Trunk/Arm/Leg 0.5 or Less		58.00	0	58.00	0	-	-	unit
LHG	79							17280 Lesion Face 0.5 cm Less		76.00	0	76.00	0	-	-	unit
LHG	80							17281 Lesion Face 0.6-1		109.00	0	109.00	0	-	-	unit
LHG	81							20520 Foreign Body Removal Simple		120.00	0	120.00	0	-	-	unit
LHG	82							20550 Injection for Trigger Point Tendon/Ligament/Ganglion		57.00	0	57.00	0	-	-	unit
LHG	83						20552 Trigger Point Injection (TPI)		47.00	0	47.00	0	-	-	unit	
LHG	84		Arthrocentesis				20600 Small Joint/Ganglion Fingers/Toes		50.00	0	50.00	0	-	-	unit	
LHG	85						20610 Major Joint/Bursa Shoulder/Knee		104.00	0	104.00	0	-	-	unit	
LHG	86						20605 Intermediate Joint/Bursa Ankle/Elbow		52.00	0	52.00	0	-	-	unit	
LHG	87						211 Community Service		52.00	0	52.00	0	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	88						28190 Foreign Body Removal for Foot Subcutaneous		125.00	0	125.00	0	-	-	unit
LHG	89						30901 Cauterize (Limited) for Control Nasal Hemorrhage/Anterior/Simple		60.00	0	60.00	0	-	-	unit
LHG	90						36415 Venipuncture		6.00	0	6.00	0	-	-	unit
LHG	91						44641 Excision for Malignant Lesion		131.00	0	131.00	0	-	-	unit
LHG	92						46083 Incision for Thrombosed Hemorrhoid, External		104.00	0	104.00	0	-	-	unit
LHG	93						46600 Anoscope		23.00	0	23.00	0	-	-	unit
LHG	94						52000 Cystoscopy		125.00	0	125.00	0	-	-	unit
LHG	95						53670 Catheterization, Urinary, Simple		30.00	0	30.00	0	-	-	unit
LHG	96		Colposcopy				57421 Biopsy of Vagina/Cervix		156.00	0	156.00	0	-	-	unit
LHG	97					57455 Cervix With Biopsy		156.00	0	156.00	0	-	-	unit	
LHG	98					57456 Cervix With Electrocautery conization		146.00	0	146.00	0	-	-	unit	
LHG	99					57511 Cryocautery Cervix for Initial or Repeat		83.00	0	83.00	0	-	-	unit	
LHG	100						58300 Insertion of Intrauterine Device		104.00	0	104.00	0	-	-	unit
LHG	101						58301 Removal of Intrauterine Device		163.00	0	163.00	0	-	-	unit
LHG	102						60001 Aspiration/Injection Thyroid Gland		81.00	0	81.00	0	-	-	unit
LHG	103		Removal Foreign Body;				65025 Eye, Superficial		173.00	0	173.00	0	-	-	unit
LHG	104					65220 Eye, Corneal		215.00	0	215.00	0	-	-	unit	
LHG	105					69200 Auditory Canal without General Anesthesia		52.00	0	150.00	0	98.00	-	unit	
LHG	106						69210 Cerumen Removal/One or Both Ears		78.00	0	78.00	0	-	-	unit
LHG	107						80048 Basic Metabolic Profile		6.00	0	6.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	108						80053 Metabolic Panel Labs	Comprehensive	6.00	0	6.00	0	-	-	unit
LHG	109						80061 Lipid Panel Labs		6.00	0	6.00	0	-	-	unit
LHG	110						80061 Quick Lipid Panel		6.00	0	6.00	0	-	-	unit
LHG	111						80076 Hepatic Function Panel		6.00	0	6.00	0	-	-	unit
LHG	112						80100 Drug Screen for Multiple Drug Classes		26.00	0	26.00	0	-	-	unit
LHG	113						80101 Drug Screen for Single Drug Class		26.00	0	26.00	0	-	-	unit
LHG	114						80176 Xylocaine 0-55 cc		29.00	0	29.00	0	-	-	unit
LHG	115		Urine Analysis				81000 with Microscope		10.00	0	10.00	0	-	-	unit
LHG	116						81002		10.00	0	10.00	0	-	-	unit
LHG	117						81003 Automated & without Microscope		10.00	0	10.00	0	-	-	unit
LHG	118						81025 Human Chorionic Gonadotropin	Urine	22.00	0	22.00	0	-	-	unit
LHG	119						82043 Microalbumin		16.00	0	16.00	0	-	-	unit
LHG	120						82055 Alcohol Screen		21.00	0	21.00	0	-	-	unit
LHG	121						82270 Hemocult	Feces Screening	7.00	0	7.00	0	-	-	unit
LHG	122						82570 Creatinine		12.00	0	12.00	0	-	-	unit
LHG	123						82728 Ferritin		26.00	0	26.00	0	-	-	unit
LHG	124						82948 Glucose for Blood, Regent Strip		6.00	0	6.00	0	-	-	unit
LHG	125						82962 Glucose for Monitoring Device		6.00	0	6.00	0	-	-	unit
LHG	126						83036 Hemoglobin A1C (long-term blood sugar test)		23.00	0	23.00	0	-	-	unit
LHG	127						83540 Iron		31.00	0	31.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per		
LHG	128	Clinics					84443 Thyroid Stimulating Hormone Labs		10.00	0	10.00	0	-	-	unit		
LHG	129						84460 Alanine Amino Test		15.00	0	15.00	0	-	-	unit		
LHG	130						85013 Hematocrit		5.00	0	5.00	0	-	-	unit		
LHG	131						85025 Complete Blood Count Labs		5.00	0	5.00	0	-	-	unit		
LHG	132						85610 Prothrombin Time		10.00	0	10.00	0	-	-	unit		
LHG	133						85651 Erythrocyte Sedimentation Test		11.00	0	11.00	0	-	-	unit		
LHG	134						85652 Sedimentation Rate		11.00	0	11.00	0	-	-	unit		
LHG	135						86308 Mononucleosis test		15.00	0	15.00	0	-	-	unit		
LHG	136						86318 Helicobacter Pylori test		23.00	0	23.00	0	-	-	unit		
LHG	137						86318 Quick Helicobacter Pylori test		23.00	0	23.00	0	-	-	unit		
LHG	138						86403 Monospot		18.00	0	18.00	0	-	-	unit		
LHG	139						85680 Purified Protein Derivative/Tuberculosis Test		9.00	0	9.00	0	-	-	unit		
LHG	140		Culture					87060 Strep		17.00	0	17.00	0	-	-	unit	
LHG	141			Bacterial					87070 Any Other Source		16.00	0	16.00	0	-	-	unit
LHG	142								87077 Incision & Drainage		16.00	0	16.00	0	-	-	unit
LHG	143								87081 Single Organism		14.00	0	14.00	0	-	-	unit
LHG	144								87082 Presumptive, Pathogenic Organism Screen		16.00	0	16.00	0	-	-	unit
LHG	145						87086 Bacterial Urine		12.00	0	12.00	0	-	-	unit		
LHG	146						87088 Bacterial Urine Identification and Quantification		12.00	0	12.00	0	-	-	unit		
LHG	147						87102 Fungal		16.00	0	16.00	0	-	-	unit		

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LHG	148	Health C					87106 Yeast		8.00	0	8.00	0	-	-	unit	
LHG	149						87110 Chlamydia		16.00	0	16.00	0	-	-	unit	
LHG	150						87220 Potassium Hydroxide for Wet Prep		10.00	0	10.00	0	-	-	unit	
LHG	151						87804 Influenza A	Quick Test	23.00	0	23.00	0	-	-	unit	
LHG	152						87880 Strep	Quick Test	26.00	0	26.00	0	-	-	unit	
LHG	153						87880 Quick Strep for Test for Medicaid/Medicare		26.00	0	26.00	0	-	-	unit	
LHG	154						88147 Papanicolaou (PAP) Smear for Cervical or Vaginal		42.00	0	42.00	0	-	-	unit	
LHG	155						88164 Cytopathology, Slides, Cervical or Vagina		26.00	0	26.00	0	-	-	unit	
LHG	156						90471 Immunization Administration for One Vaccine		25.00	0	25.00	0	-	-	unit	
LHG	157						90472 Immunization Administration for Additional Vaccine		12.00	0	12.00	0	-	-	unit	
LHG	158						90620 Supplemental Security Income Exam Initial Consult		133.00	0	133.00	0	-	-	unit	
LHG	159		Immunization	Hepatitis				90632 A for 19+ Years		78.00	0	78.00	0	-	-	unit
LHG	160							90634 A for Pediatric-Adolescent		42.00	0	42.00	0	-	-	unit
LHG	161							90636 A & B Adult		90.00	0	90.00	0	-	-	unit
LHG	162						90645 Haemophilus Influenza B		47.00	0	47.00	0	-	-	unit	
LHG	163						90649 Gardasil Human Papillomavirus Vaccine		156.00	0	156.00	0	-	-	unit	
LHG	164						90658 Influenza Virus Vaccine		21.00	0	21.00	0	-	-	unit	
LHG	165						90669 Pneumococcal > 5 years old Only		104.00	0	104.00	0	-	-	unit	
LHG	166						90701 Diphtheria Tetanus Pertussis		42.00	0	42.00	0	-	-	unit	
LHG	167						90702 Diphtheria Tetanus		14.00	0	14.00	0	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	168		Imm				90703 Tetanus		26.00	0	26.00	0	-	-	unit
LHG	169						90707 Measles Mumps Rubella		42.00	0	42.00	0	-	-	unit
LHG	170						90715 Adacel - Tetanus Diphtheria Vaccine		73.00	0	73.00	0	-	-	unit
LHG	171						90716 Varicella		8.00	0	8.00	0	-	-	unit
LHG	172						90732 Pneumovax Shot		36.00	0	36.00	0	-	-	unit
LHG	173						90734 Meningitis		5.00	0	5.00	0	-	-	unit
LHG	174						90744 Hepatitis B / Newborn-18 Years		73.00	0	73.00	0	-	-	unit
LHG	175						90746 Hepatitis B 19+ Years	Adult	88.00	0	88.00	0	-	-	unit
LHG	176						90772 Injection	Therapeutic, Diagnosis	18.00	0	18.00	0	-	-	unit
LHG	177					90805 Psychiatric Diagnosis Interview Follow-up Visit		68.00	0	68.00	0	-	-	unit	
LHG	178					92552 Audiometry		19.00	0	19.00	0	-	-	unit	
LHG	179					93000 Electrocardiogram		36.00	0	36.00	0	-	-	unit	
LHG	180					93015 Cardiovascular Stress Test	Treadmill	130.00	0	130.00	0	-	-	unit	
LHG	181					93926 Duplex Scan Limited Study		130.00	0	130.00	0	-	-	unit	
LHG	182					93965 Doppler of Extremity		132.00	0	132.00	0	-	-	unit	
LHG	183					94010 Spirometry		52.00	0	52.00	0	-	-	unit	
LHG	184					94060 Spirometry with Bronchodilators		64.00	0	64.00	0	-	-	unit	
LHG	185					94200 Peak Flow		21.00	0	21.00	0	-	-	unit	
LHG	186					94640 Intermittent Pause Pressure Breathing Device - Nebulizer Breathing		42.00	0	42.00	0	-	-	unit	
LHG	187					94760 Pulse Oximetry - Oxygen Saturation		10.00	0	10.00	0	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	188						95115 Injections for Allergy Only 1		15.00	0	15.00	0	-	-	unit
LHG	189						95117 Injections for Allergy 2 or More		16.00	0	16.00	0	-	-	unit
LHG	190						95860 Electromyogram 1		81.00	0	81.00	0	-	-	unit
LHG	191						95861 Electromyogram 2		139.00	0	139.00	0	-	-	unit
LHG	192						95900 Nerve Conduction Velocity Motor		42.00	0	42.00	0	-	-	unit
LHG	193						95904 Nerve Conduction Velocity Sensory		35.00	0	35.00	0	-	-	unit
LHG	194						97035 Ultrasound		16.00	0	16.00	0	-	-	unit
LHG	195						97110 Therapy		24.00	0	24.00	0	-	-	unit
LHG	196						97124 Massage		13.00	0	13.00	0	-	-	unit
LHG	197						97260 Manipulate for Spinal 1 Area		16.00	0	16.00	0	-	-	unit
LHG	198						99050 After Hours		24.00	0	24.00	0	-	-	unit
LHG	199						99058 Emergency Visit		36.00	0	36.00	0	-	-	unit
LHG	200						99070 Supplies for Above & Beyond Customary		19.00	0	19.00	0	-	-	unit
LHG	201						99080 Form 20	Disability Exam	88.00	0	88.00	0	-	-	unit
LHG	202						99173 Visual Acuity Screening Test		10.00	0	10.00	0	-	-	unit
LHG	203						99201 Brief		47.00	0	47.00	0	-	-	unit
LHG	204						99201N Brief Night		47.00	0	47.00	0	-	-	unit
LHG	205						99202 Limited		81.00	0	81.00	0	-	-	unit
LHG	206						99202N Limited Night		81.00	0	81.00	0	-	-	unit
LHG	207						99203 Intermediate		120.00	0	120.00	0	-	-	unit

patient

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	208		New Patient				99203N Intermediate Night		120.00	0	120.00	0	-	-	unit
LHG	209						99204 Extended		182.00	0	182.00	0	-	-	unit
LHG	210						99204N Extended Night		182.00	0	182.00	0	-	-	unit
LHG	211						99205 Comprehensive		229.00	0	229.00	0	-	-	unit
LHG	212						99205N Comprehensive Night		229.00	0	229.00	0	-	-	unit
LHG	213		Established Patient				99211 Brief		28.00	0	28.00	0	-	-	unit
LHG	214						99211N Brief Night		28.00	0	28.00	0	-	-	unit
LHG	215						99212 Limited		47.00	0	47.00	0	-	-	unit
LHG	216						99212N Limited Night		47.00	0	47.00	0	-	-	unit
LHG	217						99213 Intermediate		73.00	0	73.00	0	-	-	unit
LHG	218						99213N Intermediate Night		73.00	0	73.00	0	-	-	unit
LHG	219						99214 Extended		110.00	0	110.00	0	-	-	unit
LHG	220						99214N Extended Night		110.00	0	110.00	0	-	-	unit
LHG	221						99215 Comprehensive		151.00	0	151.00	0	-	-	unit
LHG	222						99215N Comprehensive Night		151.00	0	151.00	0	-	-	unit
LHG	223		Consult With Another Physician				99241 History, Exam, Straightforward		36.00	0	36.00	0	-	-	unit
LHG	224						99242 Expanded History & Exam Straightforward		57.00	0	57.00	0	-	-	unit
LHG	225						99243 Detailed History, Exam	Low Complexity	79.00	0	79.00	0	-	-	unit
LHG	226						99244 Comprehensive History, Exam	Moderate Complexity	99.00	0	99.00	0	-	-	unit
LHG	227						99245 Office Consult for New or Established Patient		426.00	0	426.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	228						99354 Prolonged Services for 1 Hour		73.00	0	73.00	0	-	-	unit
LHG	229						99361 Medical Conference by Physicians		52.00	0	52.00	0	-	-	unit
LHG	230		Check				99381 New Patient Under 1		99.00	0	99.00	0	-	-	unit
LHG	231						99382 New Patient Age 1-4		109.00	0	109.00	0	-	-	unit
LHG	232						99383 New Patient Age 5-11		109.00	0	109.00	0	-	-	unit
LHG	233						99384 Age 12-17		130.00	0	130.00	0	-	-	unit
LHG	234						99385 Age 18-20		88.00	0	88.00	0	-	-	unit
LHG	235						99391 Under 1		88.00	0	88.00	0	-	-	unit
LHG	236						99392 Age 1-4		99.00	0	99.00	0	-	-	unit
LHG	237						99393 Age 5-11		99.00	0	99.00	0	-	-	unit
LHG	238						99394 Age 12-17		109.00	0	109.00	0	-	-	unit
LHG	239						99395 Age 18-20		95.00	0	95.00	0	-	-	unit
LHG	240						99396 Medical Evaluation for Adult 40-64		104.00	0	104.00	0	-	-	unit
LHG	241						99397 Medical Evaluation for 65 Years and Over		107.00	0	107.00	0	-	-	unit
LHG	242						99402 Preventive Medicine Counseling 30-44 Minutes		468.00	0	468.00	0	-	-	unit
LHG	243					99432 Newborn Normal Care - In Office		42.00	0	42.00	0	-	-	unit	
LHG	244					A4460 Ace Wrap		7.00	0	7.00	0	-	-	roll	
LHG	245					A4550 Surgical Tray		42.00	0	42.00	0	-	-	unit	
LHG	246					A4565 Sling		21.00	0	21.00	0	-	-	unit	
LHG	247					A4570 Splint		23.00	0	23.00	0	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	248						Complete Blood Count		5.00	0	5.00	0	-	-	unit
LHG	249						Complete Metabolic Panel		6.00	0	6.00	0	-	-	unit
LHG	250						Cornell Well Child Check Visits		36.00	0	36.00	0	-	-	unit
LHG	251						Form 21	Disability Exam	73.00	0	73.00	0	-	-	unit
LHG	252						Federal Aviation Administration Exam		52.00	0	52.00	0	-	-	unit
LHG	253						G0008 Flu Shot Administration for Medicare		8.00	0	8.00	0	-	-	unit
LHG	254						G0009 Injection Administration for Pneumonia without Physician for Medicare		4.00	0	4.00	0	-	-	unit
LHG	255						G0010 Hepatitis B Vaccine Administration		5.00	0	5.00	0	-	-	unit
LHG	256						G0101 Papanicolaou (PAP) with Breast Exam Cervical/Vaginal Screen		42.00	0	42.00	0	-	-	unit
LHG	257		Medicare				G0107 Hemocult		10.00	0	10.00	0	-	-	unit
LHG	258						G0179 Physician Re-certification for Home Health		83.00	0	83.00	0	-	-	unit
LHG	259						G0180 Physician Certification for Home Health		83.00	0	83.00	0	-	-	unit
LHG	260						J0170 Injection for Epinephrine		10.00	0	10.00	0	-	-	unit
LHG	261						J0290 Injection for Ampicillin Sodium 500 mg		8.00	0	8.00	0	-	-	unit
LHG	262						J0540 Bicillin 1.2 million units		38.00	0	38.00	0	-	-	unit
LHG	263						J0696 Rocephin 250 mg		47.00	0	47.00	0	-	-	unit
LHG	264						J0702 Injection for Celestone 3 mg		12.00	0	12.00	0	-	-	unit
LHG	265						J0704 Injection for Celestone 4 mg		12.00	0	12.00	0	-	-	unit
LHG	266						J0780 Compazine up to 10 mg		16.00	0	16.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	267						J0810 Solu Medrol 150 mg		21.00	0	21.00	0	-	-	unit
LHG	268						J1000 Estradiol		12.00	0	12.00	0	-	-	unit
LHG	269						J1055 Depo-Provera		88.00	0	88.00	0	-	-	unit
LHG	270						J1200 Benadryl up to 50 mg		10.00	0	10.00	0	-	-	unit
LHG	271						J1390 Estrogen		31.00	0	31.00	0	-	-	unit
LHG	272						J1470 Gamma Globulin 2 cc		21.00	0	21.00	0	-	-	unit
LHG	273						J1820 Insulin up to 100 units		10.00	0	10.00	0	-	-	unit
LHG	274						J1885 Toradol 15 mg		21.00	0	21.00	0	-	-	unit
LHG	275						J2000 Xylocaine 0-55 cc		5.00	0	5.00	0	-	-	unit
LHG	276						J2550 Phenergan up to 50 mg		10.00	0	10.00	0	-	-	unit
LHG	277						J3130 Testosterone		31.00	0	31.00	0	-	-	unit
LHG	278						J3301 Kenalog-10 Per 10 mg		31.00	0	31.00	0	-	-	unit
LHG	279						J3401 Vistaril 25 mg		12.00	0	12.00	0	-	-	unit
LHG	280						J3420 Injection B-12		10.00	0	10.00	0	-	-	unit
LHG	281						J7300 Intrauterine Device	contraception	416.00	0	416.00	0	-	-	unit
LHG	282						J7320 Hyalgan, Synvisc	Knee Injection	281.00	0	281.00	0	-	-	unit
LHG	283						J7620 Albuterol Per ml, Inhalation Solution Durable Medical Equipment		3.00	0	3.00	0	-	-	unit
LHG	284						J7625 Albuterol Sulfate 0.5%/ml Inhalation Solution Administration		4.00	0	4.00	0	-	-	unit
LHG	285						L3908 Wrist Splint		44.00	0	44.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	286						Liver Function Test		6.00	0	6.00	0	-	-	unit
LHG	287						Lipid		17.00	0	17.00	0	-	-	unit
LHG	288						PSATE0000 Prostate Specific Antigen Test		42.00	0	42.00	0	-	-	unit
LHG	289						Residual Functional Capacity Questionnaire		52.00	0	52.00	0	-	-	unit
LHG	290						S0020 Marcaine up to 30 ml		18.00	0	18.00	0	-	-	unit
LHG	291						S9981 Medical Records Copying Fee-Administration		6.00	0	6.00	0	-	-	unit
LHG	292						Supplemental Security Insurance Exam		113.00	0	113.00	0	-	-	unit
LHG	293						Thin Prep		140.00	0	140.00	0	-	-	unit
LHG	294						Thyroid Stimulating Hormone		19.00	0	19.00	0	-	-	unit
LHG	295						Y4600 Injection for Pediatric Immunization Only		11.00	0	11.00	0	-	-	unit
LHG	296						Y9051 Records Sent to Case Worker		16.00	0	16.00	0	-	-	unit
LHG	297		Oral Evaluation				D0120 Periodic		23.00	0	23.00	0	-	-	unit
LHG	298						D0140 Limited		37.00	0	37.00	0	-	-	unit
LHG	299						D0150 Comprehensive		40.00	0	40.00	0	-	-	unit
LHG	300						D0210 Intraoral-complete series including Bitewings		69.00	0	69.00	0	-	-	unit
LHG	301						D0220 Intraoral periapical	First film	14.00	0	14.00	0	-	-	unit
LHG	302						D0230 Intraoral periapical	Additional film	11.00	0	11.00	0	-	-	unit
LHG	303						D0270 Bitewing	Cost of single film	14.00	0	14.00	0	-	-	unit
LHG	304						D0272 Bitewing	Cost of two film	22.00	0	22.00	0	-	-	unit
LHG	305						D0274 Bitewing	Cost of four film	31.00	0	31.00	0	-	-	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	306						D0330 Panoramic Film		64.00	0	64.00	0	-	-	unit
LHG	307						D1110 Prophylaxis-adult		48.00	0	48.00	0	-	-	unit
LHG	308						D1120 Prophylaxis-child		33.00	0	33.00	0	-	-	unit
LHG	309						D1203 Topical application of fluoride excluding prophy		20.00	0	20.00	0	-	-	unit
LHG	310						D1351 Sealant		27.00	0	27.00	0	-	-	tooth
LHG	311		Space Maintainer				D1510 Fixed unilateral		170.00	0	170.00	0	-	-	unit
LHG	312					D1515 Fixed bilateral		224.00	0	224.00	0	-	-	unit	
LHG	313					D1520 Removable unilateral		204.00	0	204.00	0	-	-	unit	
LHG	314					D1525 Removable bilateral		288.00	0	288.00	0	-	-	unit	
LHG	315					D1550 Recement		36.00	0	36.00	0	-	-	unit	
LHG	316		Amalgam				D2140 One surface		56.00	0	56.00	0	-	-	unit
LHG	317					D2150 Two surface		74.00	0	74.00	0	-	-	unit	
LHG	318					D2160 Three surface		88.00	0	88.00	0	-	-	unit	
LHG	319					D2161 4 or more surface		108.00	0	108.00	0	-	-	unit	
LHG	320		Resin				D2330 One surface, anterior		71.00	0	71.00	0	-	-	unit
LHG	321					D2331 Two surface, anterior		90.00	0	90.00	0	-	-	unit	
LHG	322					D2332 Three surface, anterior		110.00	0	110.00	0	-	-	unit	
LHG	323					D2335 4 or more surface-can be incisal angle, anterior		130.00	0	130.00	0	-	-	unit	
LHG	324					D2391 One surface, posterior		82.00	0	82.00	0	-	-	unit	
LHG	325					D2751 Crown-porcelain fused to majority base metal		553.00	0	553.00	0	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per	
LHG	326	Family Dental Plan					D2920 Recement Crown		49.00	0	49.00	0	-	-	unit	
LHG	327						D2930 Refabricated stainless steel crown-primary		133.00	0	133.00	0	-	-	unit	
LHG	328						D2931 Refabricated stainless steel crown-permanent		151.00	0	151.00	0	-	-	unit	
LHG	329						D2950 Core build-up		127.00	0	127.00	0	-	-	unit	
LHG	330						D2951 Pin retention		29.00	0	29.00	0	-	-	tooth	
LHG	331						D2954 Prefabricated post and core		161.00	0	161.00	0	-	-	unit	
LHG	332						D3220 Therapeutic pulpotomy		82.00	0	82.00	0	-	-	unit	
LHG	333						D3221 Open and Medicate		91.00	0	91.00	0	-	-	unit	
LHG	334		Root Canal Therapy					D3310 Anterior		348.00	0	348.00	0	-	-	unit
LHG	335							D3320 Bicuspid		425.00	0	425.00	0	-	-	unit
LHG	336							D3330 1st molar		549.00	0	549.00	0	-	-	unit
LHG	337							D3410 Apicoectomy/periradicular surgery-bicuspid		398.00	0	398.00	0	-	-	unit
LHG	338							D3430 Retrograde filling		121.00	0	121.00	0	-	-	unit
LHG	339						D4355 Full mouth debridement		86.00	0	86.00	0	-	-	unit	
LHG	340		Denture					D5110 Complete upper		734.00	0	734.00	0	-	-	unit
LHG	341							D5120 Complete lower		734.00	0	734.00	0	-	-	unit
LHG	342							D5130 Immediate upper		801.00	0	801.00	0	-	-	unit
LHG	343							D5140 Immediate lower		801.00	0	801.00	0	-	-	unit
LHG	344						D5211 Upper partial-resin base		621.00	0	621.00	0	-	-	unit	
LHG	345						D5212 Lower partial-resin base		720.00	0	720.00	0	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	346						D5213 Upper partial-cast metal frame with resin base		811.00	0	811.00	0	-	-	unit
LHG	347						D5214 Lower partial-cast metal frame with resin base		811.00	0	811.00	0	-	-	unit
LHG	348		Denture				D5410 Adjust complete upper		52.00	0	52.00	0	-	-	unit
LHG	349					D5411 Adjust complete lower		52.00	0	52.00	0	-	-	unit	
LHG	350					D5421 Adjust partial upper		52.00	0	52.00	0	-	-	unit	
LHG	351					D5422 Adjust partial lower		52.00	0	52.00	0	-	-	unit	
LHG	352					D5510 Repair broken complete base		187.00	0	187.00	0	-	-	unit	
LHG	353					D5520 Replace missing/broken teeth complete		104.00	0	104.00	0	-	-	unit	
LHG	354					D5610 Repair resin denture base-partial		130.00	0	130.00	0	-	-	unit	
LHG	355					D5630 Repair or replace broken clasp		140.00	0	140.00	0	-	-	unit	
LHG	356					D5640 Replace broken teeth		74.00	0	74.00	0	-	-	tooth	
LHG	357			Denture				D5650 Add tooth to existing partial		101.00	0	101.00	0	-	-
LHG	358					D5750 Reline complete upper		225.00	0	225.00	0	-	-	unit	
LHG	359					D5751 Reline complete lower		225.00	0	225.00	0	-	-	unit	
LHG	360					D5760 Reline upper partial		224.00	0	224.00	0	-	-	unit	
LHG	361					D5761 Reline lower partial		224.00	0	224.00	0	-	-	unit	
LHG	362					D7111 Coronal Remnants		55.00	0	55.00	0	-	-	unit	
LHG	363					D7140 Single tooth extraction		73.00	0	73.00	0	-	-	unit	
LHG	364					D7210 Surgical removal erupted tooth		129.00	0	129.00	0	-	-	unit	
LHG	365					D7270 Tooth re-implantation with stabilization		156.00	0	156.00	0	-	-	unit	

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee \$	Auth #	New Fee \$	New #	Incr. Fee \$	Incr. Quant.	Per
LHG	366						D7286 Biopsy of oral tissue		104.00	0	104.00	0	-	-	unit
LHG	367						D7410 Excision of benign tumor		182.00	0	182.00	0	-	-	unit
LHG	368						D7510 Incision & drainage of abscess		104.00	0	104.00	0	-	-	unit
LHG	369						D7960 Frenulectomy		148.00	0	148.00	0	-	-	unit
LHG	370						D9248 Nitrous sedation		26.00	0	26.00	0	-	-	unit
LPA	1	Quarterly Premium					Plan B	138%-150% of Poverty Level	30.00	0	30.00	0	-	-	unit
LPA	2						Plan C	150%-200% of Poverty Level	75.00	0	75.00	0	-	-	unit
LPA	3						Late		15.00	0	15.00	0	-	-	unit
							Totals		12,277,500		13,368,300		1,090,800		

"Fee Explain" notes that could not fit in provided space above

LFH #50: If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other info 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. 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.

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	Old Fee	New Fee	Fee Change	Est Rev Chg	
Workforce Services - Administration - Executive Director's Office					
Government Records Access and Management Act (GRAMA) Fees - these GRAMA fees apply for the entire Department of Workforce Services					
4697.	Copies, Free After First 10	.10	.10	0.00	\$0
4698.	Fax Pages Local, Free After First 10	2.00	2.00	0.00	\$0
4699.	Fax Pages Long Distance, All Pages	2.00	2.00	0.00	\$0
4700.	Research (per hour)	20.00	20.00	0.00	\$0
Subtotal, Executive Director's Office					\$0
Workforce Services - Operations and Policy - Workforce Development					
4701.	Applied Technology or Other Workplace Assessment	0.00	15.00	15.00	\$30,000
WorkKeys Usage					
4702.	Foundational Assessment	43.50	45.50	2.00	\$16,000
4703.	National Career Readiness Certificate (NCRC)	14.00	14.00	0.00	\$0
4704.	Talent Assessment	17.00	17.00	0.00	\$0
4705.	WorkKeys Profiling	5,000.00	5,000.00	0.00	\$0
Subtotal, Workforce Development					\$46,000
Workforce Services - Unemployment Insurance - Unemployment Insurance Administration					
4706.	Debt Collection Information Disclosure Fee (per Report)	0.00	15.00	15.00	\$270,000
Fee for employment information research and report for creditors providing a court order for employment information of a specific debtor.					
Subtotal, Unemployment Insurance Administration					\$270,000
Workforce Services - Housing and Community Development - Homeless Committee					
4707.	State Community Services Office Homeless Summit	35.00	35.00	0.00	\$3,500
4708.		35.00	35.00	0.00	\$0
Subtotal, Homeless Committee					\$3,500
Workforce Services - Housing and Community Development - Weatherization Assistance					
4709.	Weatherization Laboratory (per day)	250.00	250.00	0.00	\$0
4710.	Consumer/Small Contractor (per hour)	10.00	10.00	0.00	\$0
4711.	Demonstration House (per day)	250.00	250.00	0.00	\$0
4712.	Heating Ventilation and Air Conditioning (HVAC) Laboratory Fee Daily	250.00	250.00	0.00	\$0
4713.	Insulation Laboratory (per day)	250.00	250.00	0.00	\$0
4714.	Materials (per person)	300.00	300.00	0.00	\$0
4715.	Trainers Advanced	100.00	100.00	0.00	\$0
4716.	Trainers Basic	50.00	50.00	0.00	\$0
4717.	Weatherization Classroom (per day)	50.00	50.00	0.00	\$0

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	Old Fee	New Fee	Fee Change	Est Rev Chg
4718. Weatherization Classroom (per day)	50.00	50.00	0.00	\$0
4719. Weatherization Laboratory (per day)	250.00	250.00	0.00	\$0
4720. Heating Ventilation and Air Conditioning (HVAC) Laboratory Fee Daily	250.00	250.00	0.00	\$0
4721. Insulation Laboratories (per day)	250.00	250.00	0.00	\$0
4722. Demonstration House (per day)	250.00	250.00	0.00	\$0
4723. Consumer/Small Contractor (per hour)	10.00	10.00	0.00	\$0
4724. Materials (per person)	300.00	300.00	0.00	\$0
4725. Trainers Basic	50.00	50.00	0.00	\$0
4726. Trainers Advanced	100.00	100.00	0.00	\$0
Subtotal, Weatherization Assistance				\$0
Workforce Services - CDBG Loan Advances				
4727. Loan Origination Fee for Loan Guarantee Program (per 1.00)	Variable	Variable	0.00	\$0
1-4% of loan amount based on participation & risk level				
4728. Loan Origination Fee for Loan Participation Program (per 1.00)	Variable	Variable	0.00	\$0
1-4% of loan amount based on participation & risk level				
Subtotal, CDBG Loan Advances				\$0
Human Services - Executive Director Operations - Executive Director's Office				
Government Records Access and Management Act (GRAMA) Fees - these GRAMA fees apply for the entire Department of Human Services				
4729. Paper (per side of sheet)	.25	.25	0.00	\$0
4730. Audio tape (per tape)	5.00	5.00	0.00	\$0
4731. Video tape (per tape)	15.00	15.00	0.00	\$0
4732. Compiling and reporting in another format (per hour)	25.00	25.00	0.00	\$0
4733.	50.00	50.00	0.00	\$0
If programmer/analyst assistance is required (per hour)				
4734. Mailing	Actual cost	Actual cost	0.00	\$0
Subtotal, Executive Director's Office				\$0
Human Services - Executive Director Operations - Office of Licensing				
Licensing				
4735. Initial license	300.00	300.00	0.00	\$0
Any new Human Service program				
Adult Day Care				
4736. 0-50 consumers per program	100.00	100.00	0.00	\$0
4737. More than 50 consumers per program	200.00	200.00	0.00	\$0
4738. Per licensed capacity	3.00	3.00	0.00	\$0
4739. Child Placing	250.00	250.00	0.00	\$0

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		Old Fee	New Fee	Fee Change	Est Rev Chg
	Licensing				
4740.	Day Treatment	150.00	150.00	0.00	\$0
4741.	Outpatient Treatment	100.00	100.00	0.00	\$0
4742.	Residential Support	100.00	100.00	0.00	\$0
	Residential Treatment				
4743.	Basic	200.00	200.00	0.00	\$0
4744.	Per licensed capacity	3.00	3.00	0.00	\$0
4745.	Social Detoxification	200.00	200.00	0.00	\$0
4746.	Life Safety Pre-inspection	200.00	200.00	0.00	\$0
	Outdoor Youth Program				
4747.	Basic	300.00	1,408.00	1,108.00	\$12,488
4748.	Per licensed capacity	5.00	0.00	-5.00	-\$3,500
4749.	Federal Bureau of Investigation Fingerprint Check	36.50	36.50	0.00	\$0
	Hard copy passed through to the Federal Bureau of Investigation				
4750.		36.50	36.50	0.00	\$0
	Live scan passed through to the Federal Bureau of Investigation				
4751.	Office of Licensing Live Scan	10.00	10.00	0.00	\$0
	Intermediate Secure Treatment				
4752.	Basic	250.00	400.00	150.00	\$1,900
4753.	Per licensed capacity	3.00	15.00	12.00	\$8,295
	Therapeutic School Program				
4754.	Basic	200.00	200.00	0.00	\$0
4755.	Per licensed capacity	3.00	3.00	0.00	\$0
	Subtotal, Office of Licensing				<u>\$19,183</u>
	Human Services - Substance Abuse and Mental Health - Administration - DSAMH				
	Administration				
	Alcoholic Beverage Server				
4756.	On Premise Sales	2.50	3.50	1.00	\$21,935
4757.	Off Premise Sales	3.50	3.50	0.00	\$13,510
	Subtotal, Administration - DSAMH				<u>\$35,445</u>
	Human Services - Substance Abuse and Mental Health - State Hospital				
	Utah State Hospital				
4758.	Photo Shoots (per 2 hours)	20.00	20.00	0.00	\$0
4759.	Use of USH Facilities (groups up to 50 people) (per day)	75.00	75.00	0.00	\$0
4760.	Use of USH Facilities (groups over 50 people) (per day)	150.00	150.00	0.00	\$0
	Subtotal, State Hospital				<u>\$0</u>

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	Old Fee	New Fee	Fee Change	Est Rev Chg
Human Services - Substance Abuse and Mental Health - State Substance Abuse Services				
Substance Abuse Services				
Alcoholic Beverage Server				
4761.	2.50	3.50	1.00	\$3,065
4762.	0.00	3.50	3.50	\$1,761
Subtotal, State Substance Abuse Services				\$4,826
Human Services - Services for People w/ Disabilities - Non-waiver Services				
Non-Waiver Services				
4763.	910.00	630.00	-280.00	-\$3,080
Critical Support Services for People with Disabilities who are non-Medicaid matched. The fee ranges between 1% to 3% of Gross Family Income.				
Subtotal, Non-waiver Services				-\$3,080
Human Services - Office of Recovery Services - Child Support Services				
Child Support				
4764.	5.00	24.00	19.00	\$2,029,716
6 percent of payment being disbursed up to a maximum of \$24 per month.				
4765.	5.00	7.00	2.00	\$23,600
4766.	25.00	25.00	0.00	-\$35,000
Retained				
4767.	25.00	25.00	0.00	\$215,000
Subtotal, Child Support Services				\$2,233,316
Human Services - Child and Family Services - Service Delivery				
Service Delivery				
4768.	10.00	10.00	0.00	\$0
Subtotal, Service Delivery				\$0
Human Services - Child and Family Services - Domestic Violence				
Domestic Violence				
4769.	10.00	0.00	-10.00	-\$5,800
Subtotal, Domestic Violence				-\$5,800
State Office of Rehabilitation - Deaf and Hard of Hearing				
4770.	0.00	375.00	375.00	\$375
Cued Language Transliterator - Utah CLT State Level Assessment (per Assessment)				
4771.	0.00	60.00	60.00	\$60
Cued Language Transliterator - Written Exam (per Exam)				
4772.	0.00	50.00	50.00	\$2,500
Interpreter - Annual Maintenance/Recognition - NAD-RID (per Individual)				
4773.	0.00	70.00	70.00	\$18,200
Interpreter - Annual Maintenance/Recognition (per Individual)				
4774.	0.00	80.00	80.00	\$1,040
Interpreter - Standard Late Fee (per Assessment)				
4775.	0.00	150.00	150.00	\$10,950
Interpreter Certification - Novice Exam (per Exam)				

Joint Appropriations Subcommittee for Social Services

	Old Fee	New Fee	Fee Change	Est Rev Chg
4776. Interpreter Certification - Professional Exam (per Exam)	0.00	150.00	150.00	\$6,000
4777. Interpreter Certification - Professional Re-test, per component (per Test)	0.00	30.00	30.00	\$3,300
4778. Interpreter Certification - Student Permit (per Permit)	0.00	30.00	30.00	\$540
4779. Interpreter Certification - Temporary Permit (per Permit)	0.00	150.00	150.00	\$900
4780. Interpreter Certification - Written Exam (per Exam)	0.00	60.00	60.00	\$6,180
Subtotal, Deaf and Hard of Hearing				<u>\$50,045</u>
Subtotal, Social Services				<u>\$3,392,507</u>

Other Motions Passed

1. The subcommittee intends that if funding is provided in FY 2014 for "DOH - MMIS Replacement" that the following intent language be included: Under Section 63J-1-603 of the Utah Code, the Legislature intends that up to [insert amount funded] for the Medicaid Mandatory Services line item not lapse at the close of Fiscal Year 2014. The use of any non-lapsing funds is limited to the redesign and replacement of the Medicaid Management Information System.
2. Up to (insert estimated reduction) General Funds appropriated to the (agency name) - (line item name) line item are contingent upon actual savings from (insert name of reduction). If actual savings in the (line item name) line item from (insert name of reduction) are less than amounts appropriated to the (line item name) line item from (insert name of reduction) in (insert year), the Division of Finance shall increase the General Fund allocations to the (line item name) line item by one dollar for every one dollar that are less than appropriations for (insert name of reduction). (This intent language can be inserted wherever the Legislature agrees that the actual amount of savings is unknown).
 - a. This would apply to the following items:
 - i. Last \$330,200 of \$1,130,200 savings for DWS - Affordable Care Act Mandatory Changes
 - ii. Last \$1,500,000 of \$4,530,000 savings in FY 2014 for DWS - Savings From Higher Federal Match Rate for Certain Medicaid Eligibility Systems Maintenance and Operations
3. Up to (insert dollar amount) General Funds appropriated to the (agency name) - (line item name) line item for (insert name of building block) are contingent upon actual savings realized from (insert name of reduction) in (agency name) - (line item name) line item. If actual savings realized from (insert name of reduction) in (agency name) - (line item name) line item are less than amounts appropriated to the (agency name) - (line item name) line item for (insert name of building block), the Division of Finance shall reduce the General Fund allocations to the (line item name) line item by one dollar for every one dollar that exceed actual savings from (insert name of reduction) in (agency name) - (line item name) line item. (This intent language can be inserted wherever the Legislature agrees that the actual amount of savings is unknown).
 - a. This would apply to the following items:
 - i. \$330,200 for DHS - Division of Services for People with Disabilities Respite Care
 - ii. \$1,500,000 for DOH - MMIS Replacement (FY 2015)
4. (For instances where the Legislature provides one-time federal Temporary Assistance for Needy Families (TANF) funding greater than 75% of the original one-time request the following intent language will be included): The Legislature intends that the (insert amount of money funded above original request) provided to the (insert department name) for the (insert building block name) from federal Temporary Assistance for Needy Families (TANF) funding spent over future years in equal amount each year.
 - a. At present this could apply to at least the following items:
 - i. DWS - Child Care Competitive Subsidy Rates - increased from \$2,048,300 to \$8,193,200
 - ii. DWS - Refugee Services - Increased from \$200,000 to \$500,000
 - iii. DHS - Family Resource Facilitator (FRF) Higher Education Navigator Program - increased from \$250,000 to \$750,000

- iv. DHS - Weber County Youth Impact Program - increased from \$25,000 to \$50,000
 - v. DHS - Clubhouse Utah (CU) Model (Alliance House) - increased from \$120,000 to \$360,000
5. (Social Services is requesting the Infrastructure and General Government Appropriations Subcommittee to approve the following intend language): The Legislature intends that the Inspector General of Medicaid Services retain up to an additional \$60,000 of Medicaid collections during FY 2015 to pay the Department of Health for the state costs of the one attorney FTE that the Office is using.
 6. Under Section 63J-1-603 of the Utah Code the Legislature intends that up to (\$7,000,000 minus any non-contingent appropriations from the Legislature) provided for the Department of Health's Medicaid Mandatory Services in Item 8 of Chapter 6, Laws of Utah 2013 shall not lapse at the close of Fiscal Year 2014. The use of any nonlapsing funds is limited to a total of (\$7,000,000 minus any appropriations from the Legislature) for the Medicaid Management Information System replacement project.
 7. Under Section 63J-1-603 of the Utah Code the Legislature intends that up to (\$7,000,000 minus any non-contingent appropriations from the Legislature) Health's Medicaid Optional Services in Item 9 of Chapter 6, Laws of Utah 2013 shall not lapse at the close of Fiscal Year 2014. The use of any nonlapsing funds is limited to a total of (\$7,000,000 minus any appropriations from the Legislature) for the Medicaid Management Information System replacement project.
 8. If the Legislature includes funding for "DWS - Road Home Homeless Shelter," then include the following intent language: The Legislature intends that the (insert dollar amount funded) in new funding provided for Road Home Homeless Shelter to the Department of Workforce Services not be released until a building permit is obtained. If the money is not released in FY 2015, then under Section 63J-1-603 of the Utah Code, the Legislature intends that up to (insert dollar amount funded) not lapse at the close of FY 2015. The use of any nonlapsing funds is limited to respite care provided by the Department of Human Services in FY 2016.
 9. (If the Legislature includes funding for "DOH - Workforce Financial Assistance," then include the following intent language): The Legislature intends that the (insert dollar amount funded) in new funding provided for Workforce Financial Assistance to the Department of Health only be used for areas of the State that meet the federal guidelines for rural, which is less than 40 people per square mile.
 10. (For instances where the Legislature provides one-time state funding greater than 75% of the original one-time request the following intent language will be included): Under Section 63J-1-603 of the Utah Code, the Legislature intends that the (insert amount of money funded above original request) provided to the (insert department name) for the (insert building block name) not lapse at the close of (insert fiscal year of year one funding). The nonlapsing funding for (insert fiscal year after funding provided) is limited to spending on (insert building block name). Money is to be spent over future years in equal amount each year.
 - a. At present this could apply to at least the following items:
 - i. DHS - Weber Human Services Behavioral and Physical Health Integration Pilot - increased from \$720,400 to \$1,440,800
 - ii. DHS - Family Resource Facilitator (FRF) Higher Education Navigator Program - increased from \$250,000 to \$750,000
 - iii. DHS – GrandFamilies - increased from \$200,000 to \$600,000

- iv. DHS - Clubhouse Utah (CU) Model (Alliance House) - increased from \$120,000 to \$360,000
11. (If the Legislature provides funding for the building block entitled "DOH - Facility Licensing," then the following intent language is to be included) The Legislature intends that the Department of Health provide a report to the Office of the Legislative Fiscal Analyst by September 1, 2014 for how much fees would need to be increased so that there is an ongoing funding stream.
 12. (This would be added wherever Temporary Assistance for Needy Families federal funds are used): The (insert money amount) in federal funds appropriated for (building block name) in (agency name) in (line item name) line item is dependent upon the availability of and qualification for the (building block name) for Temporary Assistance for Needy Families federal funds.
 13. (This would be added wherever the Legislature provides state funds for items that are also on the TANF federal funds list excluding (1) DHS - Mental Health Intervention for Children/Youth and (2) DHS-DSPD Respite Care). For items identified as TANF-eligible prior to Executive Appropriations Committee acting on action by the Social Services Appropriations Subcommittee, those duplicative General Funds shall be used to fund the highest items on the one-time priority list: Up to (insert appropriation) General Funds appropriated to the (agency name) - (line item name) line item for (insert name of building block) are contingent upon the (insert name of building block) not receiving Temporary Assistance for Needy Families federal funds in (insert fiscal year). If (insert name of building block) in the (line item name) line item receives Temporary Assistance for Needy Families federal funds, the Division of Finance shall reduce the General Fund allocations to the (line item name) line item by one dollar for every one dollar in Temporary Assistance for Needy Families federal funds expended. Under Section 63J-1-603 of the Utah Code the Legislature intends that up to (insert appropriation) reduced due to expenditures of Temporary Assistance for Needy Families federal funds for (insert name of building block) in the (agency name) - (line item name) line item not lapse at the close of (insert fiscal year). The use of any nonlapsing fund is limited to (insert appropriation) for the redesign and replacement of the Medicaid Management Information System in the Department of Health.
 - a. At present this could apply to at least the following items:
 - i. DHS - Family Resource Facilitator (FRF) Higher Education Navigator Program
 - ii. DHS - Marriage Commission
 - iii. DHS - Garland Community Resource Center
 - iv. DHS - Hyrum Community Resource Center
 - v. DHS - Weber County Youth Impact Program
 - vi. DHS - Clubhouse Utah (CU) Model (Alliance House)
 14. (If the Legislature provides funding for the building block entitled "DOH - Dental Provider Rates," then the following intent language is to be included) The Legislature intends that up to 5% be allowed for contacted plan administration.
 15. The following intent language is approved for each agency or pass through entity and each line item with new state funding or TANF federal funds for building blocks in the Social Services Appropriations Subcommittee:
 1. Department of Health
 2. Department of Human Services

3. Department of Workforce Services
4. Utah State Office of Rehabilitation
5. Pass through entity

The Legislature intends that the [insert department/agency name or pass through entity] prepare proposed performance measures for all new state funding or TANF federal funds for building blocks for [insert line item name] and give this information to the Office of the Legislative Fiscal Analyst by June 30, 2014. The [insert department/agency name or pass through entity] shall provide its first report on its performance measures to the Office of the Legislative Fiscal Analyst by October 31, 2014. The Office of the Legislative Fiscal Analyst shall give this information to the legislative staff of the Health and Human Services Interim Committee.

16. If the Legislature includes funding for "Increased Funding for Transportation for the DSPD for Individuals with Disabilities," then authorize the following intent language: The Legislature intends the Department of Human Services provide a report to the Office of the Legislative Fiscal Analyst no later than September 1, 2014. The report shall include, at a minimum: 1) detailed information reflecting current transportation funding and expenditures for individuals with disabilities provided in the Division of Services for People with Disabilities (DSPD), 2) current and historical rates paid by DSPD for transportation, 3) comparisons with other similar rates paid in other agencies, 4) analysis of relevant fiscal implications, 4) review of options for improvement, 5) and a listing of similar rates as paid in surrounding and other selected states.
17. If the Legislature includes one-time FY 2015 funding for federal Reed Act funds to maintain increased efforts to provide employment and other job connecting activities to individuals and employer, then include the following intent language: The Legislature intends Reed Act funds appropriated for Fiscal Year 2015 to the Department of Workforce Services be used for workforce development and labor exchange activities consistent with UCA 35A-4-501(3)(b).
18. If the Legislature is unable to provide state funding for the building block entitled "Aging Nutrition," then the following intent language is to be included): The Legislature intends the Department of Human Services' Division of Aging and Adult Services use applicable federal funding reserves to provide one-time funding up to \$150,000 for Aging Nutrition in FY 2015.
19. The Legislature intends any federal supplemental income paid retroactively to the state for General Assistance recipients be deposited in the General Assistance program instead. The Legislature further intends the Department of Human Services and the Department of Workforce Services develop a Memorandum of Understanding regarding any federal supplemental income payments remaining with the General Assistance Program.
Explanation: This will cause the General Fund to lose \$794,000 ongoing (based upon FY 2013 collections) and increase funding to the General Assistance Program by \$794,000.
20. The Social Services Subcommittee approved: "DHS - Increase the Recovery Services Payment Processing Fee to More Fully Cover Cost and Fairly Reflect Ability to Pay."
Explanation: This fee increase generates \$2,029,700 which is retained in the Office of Recovery Services. It is likely that it will take into FY 2016 to complete programming changes associated with the fee increase. The subcommittee reviewed various fees in light of UCA 63J-1-504(2) which states, "Each fee agency shall adopt a schedule of fees assessed for services provided by the fee agency that are: reasonable, fair, and reflect the cost of services provided" This is a net zero transaction to the General Fund.

21. The Social Services Subcommittee approved: "DOH - Begin to Charge a \$15 Background Check Fee for 13,889 Child Care Workers - Child care workers do not currently pay a fee for their annual background checks. The Department indicates that the providers do pay a licensing fee which ranges from \$25 and up. Every \$1 of fee would be \$13,000 deposited into the General Fund. Nursing care facility workers currently pay \$15 while emergency medical technicians pay \$30."
- Explanation: This fee increase generates \$208,300 which is deposited into the General Fund. The subcommittee used the \$208,300 to offset internal reallocations. This is a net zero transaction to the General Fund.*
22. The Social Services Subcommittee approved: "DHS - Increase the Alcoholic Beverage Server Fee by \$1.00 - to make the fees consistent and fully cover the cost of providing the service (UCA 63J-1-504(2))."
- Explanation: This fee increase generates \$25,000 which is deposited into the General Fund. The subcommittee used the \$25,000 to offset internal reallocations. This is a net zero transaction to the General Fund.*
23. The Social Services Subcommittee approved: "DHS - Increase the Recovery Services Credit Card Processing Fee."
- Explanation: This fee increase generates \$23,600 which is retained in the Office of Recovery Services. It is likely that it will take into FY 2016 to complete programming changes associated with the fee increase. The subcommittee reviewed various fees in light of UCA 63J-1-504(2) which states, "Each fee agency shall adopt a schedule of fees assessed for services provided by the fee agency that are: reasonable, fair, and reflect the cost of services provided . . ." This is a net zero transaction to the General Fund.*
24. The Social Services Subcommittee approved: "DOH - 24% or \$6 Increase in Annual Child Care Facility Licensure Fees - Currently child care centers pay a \$25 annual license fee and \$1.50 per child while home care providers pay an annual \$25 licensing fee. As per current statute, this money would be deposited in the General Fund. The agency indicates that in 2005 neighboring states' child care center annual fees ranged from \$0 to \$480 and in home providers' fees from \$0 to \$60."
- Explanation: This fee increase generates \$14,000 which is deposited into the General Fund. The subcommittee used the \$14,000 to offset internal reallocations. This is a net zero transaction to the General Fund.*
25. The Social Services Subcommittee approved: "DHS - Increase the Office of Licensing Outdoor Youth Provider Fee - to fully cover the cost of licensing and monitoring of these private programs (UCA 63J-1-504(2))."
- Explanation: This fee increase generates \$8,300 which is deposited into the General Fund. The subcommittee used the \$8,300 to offset internal reallocations. This is a net zero transaction to the General Fund.*
26. The Social Services Subcommittee approved: "DOH - Charge Non-compliant Child Care Facilities the Full Cost of Extra Inspections - all child care centers receive two inspections per years. For centers that have serious violations, they may have conditional monitoring inspections until they come into compliance. This fee increase of \$253 for center-based providers and \$245 for home-based providers would charge the full cost of extra visits to approximately 24 offending facilities annually to begin on the second extra visit. The fee is currently \$25."

Explanation: This fee increase generates \$6,100 which is deposited into the General Fund. The subcommittee used the \$6,100 to offset internal reallocations. This is a net zero transaction to the General Fund.