
Issue Brief – Health Department Fees

DEPARTMENT OF HEALTH

DOH-09-10

SUMMARY

In accordance with UCA 63-38-3.2, the following fees (included on the following pages) are proposed for the services of the Department of Health in FY 2009.

DISCUSSION AND ANALYSIS

The total increase in fees for the Department of Health is estimated at \$889,862. Often, the full amount of the fees cannot be collected from the client or patient, due to circumstances outlined by statute and federal program rule. These circumstances may include the income level, age or physical abilities of the clients that receive the services. A sliding payment scale is used and included for approval by the Legislature on the last pages of this Issue Brief.

LEGISLATIVE ACTION

The Analyst recommends that the Subcommittee approve these proposed fees.

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Health - Executive Director's Operations - Medical Examiner						
Autopsy						
1275.	Non-Jurisdictional Case (plus cost of body transportation)	2,000.00	2,000.00	0.00	0	0
1276.	External Examination, Non-Jurisdictional Case (plus transportation)	500.00	500.00	0.00	0	0
1277.	Use of Office of Medical Examiner facilities and assistants for autopsies	500.00	500.00	0.00	0	0
1278.	Use of Office of Medical Examiner facilities and assistants for external exams	300.00	300.00	0.00	0	0
Reports						
1279.	First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge	0.00	0.00	0.00	0	0
1280.	All other requestors and additional copies	25.00	25.00	0.00	0	0
Miscellaneous case papers						
1281.	First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge	0.00	0.00	0.00	0	0
1282.	All other requestors and additional copies	35.00	35.00	0.00	0	0
Court						
1283.	Preparation, consultation, and appearance on non-OME Criminal and Civil cases. Portal to portal expenses including travel costs and waiting time, per hour	300.00	400.00	100.00	10	1,000
1284.	Consultation as Medical Examiner on OME cases. Portal to portal expenses including travel costs and waiting time, per hour	300.00	400.00	100.00	9	900
Photographic and Video Services						
1285.	Color negatives from slides	2.50	2.50	0.00	0	0
1286.	Slide Duplication	3.50	3.50	0.00	0	0
1287.	Film - 24 Exposure Roll	5.00	5.00	0.00	0	0
1288.	Film - 36 Exposure Roll	6.00	6.00	0.00	0	0
1289.	Glass Slides	10.00	10.00	0.00	0	0
1290.	X-rays	10.00	10.00	0.00	0	0
1291.	Digital Image copied from Digital Source - Flat fee for up to 30 requested images	10.00	10.00	0.00	0	0
1292.	Digital Image copied from Digital Source - per image cost for request over 30 images	1.00	1.00	0.00	0	0
1293.	Digital Image copied from color slide negatives	2.50	2.50	0.00	0	0
1294.	Color Print 8 X 10	7.00	7.00	0.00	0	0
1295.	Color Print 5 X 7	3.50	3.50	0.00	0	0
Use of Tissue Harvest Room						
1296.	Skin Graft	120.75	120.75	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Use of Tissue Harvest Room					
1297.	Bone	241.50	241.50	0.00	0	0
1298.	Heart Valve	63.00	63.00	0.00	0	0
1299.	Eye	31.50	31.50	0.00	0	0
1300.	Saphenous vein acquisition	63.00	63.00	0.00	0	0
1301.	Body Storage	30.00	30.00	0.00	0	0
	Daily charge for use of OME Storage Facilities 24 hours after notification that body is ready for release.					
1302.	Biological samples requests	25.00	25.00	0.00	0	0
	Handling and storage of requested samples by outside sources.					
	Subtotal, Medical Examiner					\$1,900
Health - Executive Director's Operations - Center for Health Data						
Public Use Data Sets - Single Year License Fee for Public Agencies and Non-Profit Organizations Inpatient, Ambulatory Surgery, and Emergency Department Encounter						
1303.	File I - for the latest year only	1,575.00	1,575.00	0.00	0	0
1304.	File III - for the latest year only	250.00	250.00	0.00	0	0
Public Use Tapes - Multi-Year License Fee - Existing User Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use						
1305.	File I - multiple year data set (3 years prior to current year)	1,500.00	1,500.00	0.00	0	0
1306.	File III - multiple year data set (3 years prior to current year)	250.00	250.00	0.00	0	0
Public Use Secondary Release License, Files I per year						
1307.	First year (5 copies)	375.00	375.00	0.00	0	0
1308.	Annual renewal fee (5 copies)	375.00	375.00	0.00	0	0
1309.	Additional copies (in excess of 5)	50.00	50.00	0.00	0	0
Public Use Data Set - Single Year License Fee for Private Sector Agencies Organizations Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use						
1310.	File I - for the latest year only	3,150.00	3,150.00	0.00	0	0
1311.	File III - for one year only	1,050.00	1,050.00	0.00	0	0
Public Use Data Set, Multi Year License Fee for Private Sector Agencies - Existing User						
1312.	File I - multiple year data set (3 years prior to current year)	3,000.00	3,000.00	0.00	0	0
1313.	File III - multiple year data set (3 years prior to current year)	1,000.00	1,000.00	0.00	0	0

	Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Public Use Data Set - Single Year License Fee for Data Suppliers					
Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use					
File I - for the latest year only					
1314.	3,150.00	3,150.00	0.00	0	0
1315.	1,575.00	1,575.00	0.00	0	0
1316.	525.00	525.00	0.00	0	0
Private Sector Secondary Release License, File I - III, per year					
1317.	1,050.00	1,050.00	0.00	0	0
1318.	525.00	525.00	0.00	0	0
1319.	50.00	50.00	0.00	0	0
1320.	50.00	50.00	0.00	0	0
Research Data Set License Fee					
Inpatient, Ambulatory Surgery, and Emergency Department Encounter Research Data Set					
1321.	3,150.00	3,150.00	0.00	0	0
1322.	1,570.00	3,000.00	1,430.00	2	2,860
Research Data Set Secondary Release License Fee					
1323.	1,500.00	1,500.00	0.00	0	0
1324.	750.00	750.00	0.00	0	0
1325.	750.00	750.00	0.00	0	0
Research Data Set for Federal Databases with Secondary Release License Fee					
1326.	4,500.00	4,500.00	0.00	0	0
1327.	4,500.00	4,500.00	0.00	0	0
Multi-Year HEDIS Data Set License Fee					
Public, Educational, Non-profit Research Organizations					
1328.	1,050.00	1,050.00	0.00	0	0
1329.	750.00	750.00	0.00	0	0
1330.	500.00	500.00	0.00	0	0
Private Sector Agencies					
1331.	1,575.00	1,575.00	0.00	0	0
1332.	1,250.00	1,250.00	0.00	0	0
1333.	1,000.00	1,000.00	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Multi-Year HEDIS Data Set License Fee					
	HMO Enrollee Satisfaction Survey Data Set License Fee					
	Public, Educational, Non-profit Research Organizations					
1334.	File I - Latest Year (per data set)	1,050.00	1,050.00	0.00	0	0
1335.	File II - Previous Year (per data set)	750.00	750.00	0.00	0	0
1336.	File III - Any Earlier Years (per data set)	500.00	500.00	0.00	0	0
	Private Sector Agencies					
1337.	File I - Latest Year (per data set)	1,575.00	1,575.00	0.00	0	0
1338.	File II - Previous Year (per data set)	1,250.00	1,250.00	0.00	0	0
1339.	File III - Any Earlier Years (per data set)	1,000.00	1,000.00	0.00	0	0
	Data Suppliers (contributing HMOs)					
1340.	File I - Latest Year (per data set)	420.00	420.00	0.00	0	0
1341.	File II - Previous Year (per data set)	300.00	300.00	0.00	0	0
1342.	File III - Any Earlier Years (per data set)	200.00	200.00	0.00	0	0
	Data Suppliers (Non-contributing HMOs)					
1343.	File I - Latest Year (per data set)	840.00	840.00	0.00	0	0
1344.	File II - Previous Year (per data set)	600.00	600.00	0.00	0	0
1345.	File III - Any Earlier Years (per data set)	400.00	400.00	0.00	0	0
	POD Internet Module Licensing Fee					
	Patient Origin Destination (POD) Inpatient Query System - Users License					
1346.	First User	315.00	0.00	-315.00	0	0
1347.	Additional Users	50.00	0.00	-50.00	0	0
	Fee for Data Suppliers Purchases					
1348.	Hard Copy Reports Miscellaneous	10.00	10.00	0.00	0	0
1349.	Standard Report 1 - Inpatient, Emergency	50.00	50.00	0.00	0	0
1350.	Standard Report 1 - Ambulatory Surgery	50.00	50.00	0.00	0	0
1351.	Hospital Financial Report	50.00	50.00	0.00	0	0
1352.	Special Reports	15.00	15.00	0.00	0	0
1353.	Special Data Request, per hour, (\$70 minimum)	55.00	55.00	0.00	0	0
	Other Fees					
1354.	Data suppliers' special data request, per hour	35.00	35.00	0.00	0	0
1355.	Data Management Fees for Reprocessing - Data Errors - To cover costs of processing resubmissions of data with system errors (may be waived as incentive for timely resubmission)	39.90	39.90	0.00	0	0
	Birth Certificate					
1356.	Initial Copy	15.00	15.00	0.00	0	0

	Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Birth Certificate					
1357. Additional Copies	8.00	8.00	0.00	0	0
1358. Stillbirth	12.00	12.00	0.00	0	0
1359. Affidavit	20.00	20.00	0.00	0	0
1360. Heritage Birth Certificate	22.00	22.00	0.00	0	0
1361. Adoption	40.00	40.00	0.00	0	0
1362. Expedite Fee	10.00	10.00	0.00	0	0
Death Certificate					
1363. Initial Copy	13.00	13.00	0.00	0	0
1364. Additional Copies	8.00	8.00	0.00	0	0
1365. Burial Transit Permit	5.00	5.00	0.00	0	0
1366. Paternity Search, per hour (1 hour minimum)	9.00	9.00	0.00	0	0
1367. Delayed Registration	40.00	40.00	0.00	0	0
1368. Marriage and Divorce Abstracts	9.00	9.00	0.00	0	0
1369. Legitimation	40.00	40.00	0.00	0	0
1370. Adoption Registry	25.00	25.00	0.00	0	0
1371. Death Research, per hour (1 hour minimum)	9.00	9.00	0.00	0	0
1372. Court Order Name Changes	20.00	20.00	0.00	0	0
1373. Court Order Paternity	40.00	40.00	0.00	0	0
1374. On-line Access to Computerized Vital Records, per month	10.00	10.00	0.00	0	0
1375. Ad-hoc Statistical Requests, per hour	35.00	35.00	0.00	0	0
Subtotal, Center for Health Data					\$2,860
Health - Health Systems Improvement - Emergency Medical Services					
Registration, Certification and Testing					
Certification Fee					
1376. Initial EMT-Basic	30.00	30.00	0.00	0	0
1377. All other certifications	10.00	10.00	0.00	0	0
1378. Recertification Fee	10.00	10.00	0.00	0	0
1379. Lapsed Certification Fee	15.00	15.00	0.00	0	0
Registration, Certification and Testing					
Written Test Fee					
1380. Basic EMT Certification Written Test/Re-test	15.00	20.00	5.00	1,829	9,145
1381. All other written tests, re-tests	15.00	20.00	5.00	1,220	6,100
Practical Test Fees					
EMT					
1382. Basic Certification Practical Test	60.00	80.00	20.00	1,484	29,680
1383. Basic Certification Practical Re-Test (per station)	30.00	40.00	10.00	169	1,690

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Practical Test Fees						
EMT						
1384.	Basic Recertification Practical Test	120.00	150.00	30.00	3	90
1385.	Basic Reciprocity Practical Test	120.00	150.00	30.00	50	1,500
1386.	Basic Recert/Recip Practical Re-Test, Medical Scenario	35.00	50.00	15.00	5	75
1387.	Basic Recert/Recip Practical Re-Test, Trauma Scenario	50.00	50.00	0.00	0	0
1388.	Intermediate Practical Test Fee	60.00	80.00	20.00	0	0
1389.	Intermediate Practical Re-test Fee per station	30.00	40.00	10.00	0	0
1390.	Intermediate Advanced Practical Test Fee	70.00	100.00	30.00	1	30
1391.	Intermediate Advanced Practical Retest per station	35.00	50.00	15.00	2	30
1392.	Paramedic Practical Test	120.00	165.00	45.00	100	4,500
1393.	Paramedic Practical retest per station	40.00	55.00	15.00	72	1,080
The fees listed above apply to the following certification levels:						
Emergency Medical Technician (EMT) - Basic,						
Emergency Medical Technician Intermediate,						
Emergency Medical Technician Intermediate Advanced,						
Emergency Medical Technician Paramedic,						
Emergency Medical Technician Instructor,						
Emergency Medical Dispatcher (EMD),						
Emergency Medical Dispatcher Instructor.						
Annual Quality Assurance Review Fee, per vehicle						
1394.	Ground Ambulance, Basic	75.00	100.00	25.00	19	475
1395.	Ground Ambulance, Intermediate	100.00	130.00	30.00	49	1,470
1396.	Interfacility Transfer Ambulance, Basic	75.00	100.00	25.00	9	225
1397.	Interfacility Transfer Ambulance, Intermediate	100.00	130.00	30.00	2	60
1398.	Paramedic Rescue	125.00	165.00	40.00	32	1,280
1399.	Paramedic Tactical Response	125.00	165.00	40.00	0	0
1400.	Paramedic Ambulance	125.00	170.00	45.00	19	855
1401.	Paramedic Interfacility Transfer Service	125.00	170.00	45.00	5	225
1402.	Fleet fee (agency with 20 or more vehicles)	2,500.00	3,200.00	700.00	1	700
1403.	Quick Response Unit, Basic	50.00	65.00	15.00	26	390
1404.	Quick Response Unit, Intermediate	50.00	65.00	15.00	7	105
1405.	Advanced Air Ambulance	100.00	130.00	30.00	11	330
1406.	Specialized Air Ambulance	125.00	165.00	40.00	0	0
1407.	Emergency Medical Dispatch Center, per center	50.00	65.00	15.00	0	0
1408.	Resource Hospital, per hospital	50.00	65.00	15.00	0	0
1409.	Out of State Air Ambulance	150.00	200.00	50.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Quality Assurance Application Reviews					
1410.	Original Ground Ambulance/Paramedic License Negotiated	500.00	650.00	150.00	5	750
1411.	Original Ambulance/Paramedic License Contested - up to actual cost	0.00	0.00	0.00	0	0
1412.	Original Designation	100.00	125.00	25.00	1	25
1413.	Renewal Ambulance/Paramedic/Air License	100.00	125.00	25.00	5	125
1414.	Renewal Designation	100.00	125.00	25.00	2	50
1415.	Upgrade in Ambulance Service Level	100.00	125.00	25.00	0	0
1416.	Original Air Ambulance License	500.00	650.00	150.00	0	0
1417.	Original Air Ambulance License with CAMTS Certification	200.00	250.00	50.00	0	0
1418.	Change in ownership/operator, non-contested	500.00	650.00	150.00	0	0
1419.	Change in ownership/operator, contested - up to actual cost	0.00	0.00	0.00	0	0
1420.	Change in geographic service area, non-contested	500.00	650.00	150.00	0	0
1421.	Change in geographic service area, contested - up to actual cost	0.00	0.00	0.00	0	0
	Voluntary Trauma Center Designation - Level I, II, III, IV, and V					
1422.	Quality Assurance Application Review	0.00	0.00	0.00	0	0
1423.	Quality Assurance Application Pre-Designation Review	0.00	0.00	0.00	0	0
1424.	Initial Verification/Quality Assurance Review	1,500.00	3,000.00	1,500.00	2	3,000
1425.	Re-Designation Quality Assurance Review	0.00	2,500.00	2,500.00	0	0
1426.	Designation Consultation Visits	0.00	250.00	250.00	0	0
	Course Quality Assurance Review Fee					
1427.	Basic EMT Course	100.00	125.00	25.00	64	1,600
1428.	Paramedic Course	100.00	125.00	25.00	2	50
1429.	EMT-Intermediate Advanced	100.00	125.00	25.00	1	25
1430.	EMT-Intermediate	100.00	125.00	25.00	24	600
1431.	Emergency Medical Dispatch	25.00	35.00	10.00	2	20
1432.	Course QA Review Late Fee (less than 30 days)	25.00	25.00	0.00	0	0
1433.	New Instructor Course Registration	125.00	150.00	25.00	24	600
1434.	New Instructor Course Registration Late Fee	25.00	25.00	0.00	0	0
1435.	Course Coordinator Seminar Registration	40.00	50.00	10.00	89	890
1436.	Course Coordinator Seminar Registration Late Fee	25.00	25.00	0.00	0	0
1437.	New Course Coordinator Course Registration	40.00	50.00	10.00	0	0

	Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Course Quality Assurance Review Fee					
1438. New Course Coordinator Course Registration Late Fee	25.00	25.00	0.00	0	0
1439. Instructor Seminar Registration	125.00	150.00	25.00	224	5,600
1440. Instructor Seminar Registration Late Fee	25.00	25.00	0.00	0	0
1441. Instructor Seminar Vendor Fee	165.00	200.00	35.00	14	490
1442. New Training Officer Course Registration	40.00	50.00	10.00	50	500
1443. New Training Officer Course Registration Late Fee	25.00	25.00	0.00	0	0
1444. Training Officer Seminar Registration	40.00	50.00	10.00	133	1,330
1445. Training Officer Seminar Registration Late Fee	25.00	25.00	0.00	0	0
1446. EVO Instructor Course	40.00	40.00	0.00	0	0
1447. Medical Director's Course	50.00	50.00	0.00	0	0
1448. PALS Course	60.00	60.00	0.00	0	0
1449. PEPP Course	60.00	60.00	0.00	0	0
1450. Management Seminar	50.00	50.00	0.00	0	0
1451. PHTLS Course	175.00	175.00	0.00	0	0
Equipment delivery fee					
1452. Salt Lake County	25.00	25.00	0.00	0	0
1453. Davis, Utah, and Weber Counties	50.00	50.00	0.00	0	0
1454. Late Fee, per day	10.00	10.00	0.00	0	0
Training Supplies, rental of equipment and Accessories Charge for course supplies and accessories to be based upon most recent acquisition cost plus 20% rounded up to the nearest \$0.10 (computed quarterly) FOB Salt Lake City, Utah.					
1455. Background checks (name only)	10.00	15.00	5.00	2,431	12,155
1456. Fingerprint checks in Utah only	15.00	0.00	-15.00	0	0
1457. Fingerprint checks to the FBI	24.00	0.00	-24.00	0	0
Live Scan Fingerprinting					
1458. Live Scan Fingerprinting	11.00	0.00	-11.00	0	0
1459. Fingerprint cards or electronic transmission	0.00	50.00	50.00	350	17,500
Subtotal, Emergency Medical Services					\$105,345
Health - Health Systems Improvement - Child Care Licensing					
Annual License Fees					
1460. Annual Licensed Child Care Facility Base Fee	25.00	25.00	0.00	0	0
1461. Annual Residential Child Care Certificate Base Fee	25.00	25.00	0.00	0	0
Plus the appropriate fee as listed below to any new or renewal license					
1462. Change in license or certificate during the license period more than twice a year.	25.00	25.00	0.00	0	0
1463. Child Care Center Facilities Per Child fee	1.50	1.50	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
1464.	Late Fee	0.00	0.00	0.00	0	0
	Licensed or certified child care providers are responsible for submitting a completed application form, fire clearance (where applicable) and fees 15 days prior to expiration of the license. Late fee will be assessed if fees, application and fire clearance are not received by the license expiration date.					
1465.	Within 1 to 30 days after expiration of license facility will be assessed 50% of scheduled fee.	0.00	12.50	12.50	100	1,250
1466.	New Provider/Change in Ownership Applications for Child Care center facilities	200.00	200.00	0.00	0	0
	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.					
1467.	Child care program fees are not refundable.	0.00	0.00	0.00	0	0
1468.	Child Care Licensing Rules - Cost plus mailing	0.00	0.00	0.00	0	0
	(Licensees receive one copy of each newly published edition of applicable Facility Rules. Additional copies of the rules will reflect the cost of printing and mailing.)					
	Subtotal, Child Care Licensing					\$1,250
	Health - Health Systems Improvement - Health Facility Licensure, Certification, & Resident Assessment					
	Annual License Fees					
1469.	Health Facilities base fee	100.00	200.00	100.00	75	7,500
	A base fee for health facilities of \$200.00 plus the appropriate fee as indicated below applies to any new or renewal license.					
	Two Year Licensing Base Fees					
	Plus the appropriate fee as listed below to any new or renewal license					
1470.	Health Care Facility, every other year	200.00	400.00	200.00	290	58,000
	Change Fee					
1471.	Health Care Providers	75.00	100.00	25.00	200	5,000
	A fee of \$100.00 is charged to health care providers making changes to their existing license.					
	Hospitals:					
1472.	Fee per Licensed Bed - accredited beds	22.00	30.00	8.00	108	864
1473.	Non-accredited beds	28.00	30.00	2.00	300	600
1474.	Nursing Care Facilities, and Small Health Care Facilities Licensed Bed	20.00	24.00	4.00	7,954	31,816
1475.	Residential Treatment Facilities Licensed Bed	16.00	20.00	4.00	0	0
1476.	End Stage Renal Disease Centers (ESRDs) Licensed Station	120.00	140.00	20.00	70	1,400
1477.	Freestanding Ambulatory Surgery Centers (per facility)	2,000.00	2,300.00	300.00	15	4,500
1478.	Birthing Centers, and Abortion Clinics: (per licensed unit)	400.00	400.00	0.00	0	0
1479.	Hospice Agencies	1,000.00	1,150.00	150.00	14	2,100
1480.	Home Health Agencies/Personal Care Agencies	1,000.00	1,150.00	150.00	25	3,750

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Two Year Licensing Base Fees						
1481.	Mammography Screening Facilities	400.00	400.00	0.00	0	0
1482.	Assisted Living Facilities Type I - per Licensed Bed	18.00	20.00	2.00	1,414	2,828
1483.	Assisted Living Facilities Type II - per Licensed Bed	18.00	20.00	2.00	2,574	5,148
1484.	The fee for each satellite and branch office of current licensed facility	75.00	200.00	125.00	15	1,875
1485.	Late Fee	0.00	0.00	0.00	0	0
	Licensed health facility providers are responsible for submitting a completed application form, fire clearance (where applicable) and fees 15 days prior to expiration of the license. Late fee will be assessed if fees, application and fire clearance are not received by the license expiration date.					
1486.	Within 1 to 14 days after expiration of license facility will be assessed 50% of scheduled fee	0.00	0.00	0.00	0	0
1487.	Within 15 to 30 days after expiration of license facility will be assessed 75% of scheduled fee	0.00	0.00	0.00	0	0
1488.	New Provider/Change in Ownership Applications for health care facilities	500.00	575.00	75.00	53	3,975
	A \$575.00 fee will be assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.					
1489.	Assisted Living and Small Health Care Type-N Limited Capacity/Change of Ownership Applications:	250.00	250.00	0.00	0	0
	A \$250.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection. This fee will be due at the time of application.					
	Application Termination or Delay Fee					
	If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows:					
1490.	Policy and Procedure Review-50% of total fee	0.00	0.00	0.00	0	0
1491.	Onsite inspections-90% of the total fee.	0.00	0.00	0.00	0	0
	Plan Review and Inspection Fees					
	Hospitals:					
	Number of Beds					
1492.	Up to 16	2,000.00	2,300.00	300.00	0	0
1493.	17 to 50	4,000.00	4,600.00	600.00	5	3,000
1494.	51 to 100	6,000.00	6,900.00	900.00	5	4,500
1495.	101 to 200	7,500.00	8,625.00	1,125.00	5	5,625
1496.	201 to 300	9,000.00	10,350.00	1,350.00	0	0
1497.	301 to 400	10,000.00	11,500.00	1,500.00	3	4,500
1498.	Over 400, base fee	10,000.00	11,500.00	1,500.00	0	0
1499.	Over 400, each additional bed	20.00	25.00	5.00	0	0
	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.					

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Plan Review and Inspection Fees						
Nursing Care Facilities and Small Health Care Facilities						
Number of Beds						
1500.	Number of beds - up to 5	650.00	750.00	100.00	0	0
1501.	Number of beds - 6 to 16	1,000.00	1,150.00	150.00	0	0
1502.	Number of beds - 17 to 50	2,250.00	2,600.00	350.00	10	3,500
1503.	Number of beds - 51 to 100	4,000.00	4,600.00	600.00	10	6,000
1504.	Number of beds - 101 to 200	5,000.00	5,750.00	750.00	10	7,500
1505.	Freestanding Ambulatory Surgical Facilities, per operating room	1,000.00	1,150.00	150.00	30	4,500
1506.	Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit	250.00	290.00	40.00	0	0
1507.	End Stage Renal Disease Facilities, per service unit	100.00	115.00	15.00	35	525
Assisted Living Type I and Type II						
Number of Beds						
1508.	Up to 5	350.00	400.00	50.00	2	100
1509.	6 to 16	700.00	800.00	100.00	10	1,000
1510.	17 to 50	1,600.00	1,840.00	240.00	5	1,200
1511.	51 to 100	3,000.00	3,450.00	450.00	5	2,250
1512.	101 to 200	4,200.00	4,830.00	630.00	5	3,150
Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$375.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative.						
1513.	Remodels of Licensed Facilities	0.00	0.00	0.00	0	0
The plan review fee for remodeling an area of a currently operating licensed facility that does not involve an addition of beds, operating rooms, service units, or other clinic type facilities.						
1514.	Hospitals, Freestanding Surgery Facilities, per square foot	.16	.19	.03	83,000	2,490
1515.	All others excluding Home Health Agencies, per square foot	.14	.16	.02	35,000	700
Each required on-site inspection						
1516.	Base fee	100.00	375.00	275.00	250	68,750
1517.	Per mile traveled - according to approved state travel rate	0.00	0.00	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Plan Review and Inspection Fees					
1518.	Other Plan-Review Fee Policies	0.00	0.00	0.00	0	0
	<p>If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other information regarding compliance with applicable construction rules, the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be \$375.00 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. Thirty-five cents per square foot will be charged for review of facility additions or remodels that house special equipment such as CAT scanner or linear accelerator. If a project is terminated or delayed during the plan review process, a fee based on services rendered will be retained as follows:</p> <p>Preliminary drawing review-25% of the total fee. Working drawings and specifications review-80% of the total fee.</p> <p>If the project is delayed beyond 12 months from the date of the State's last review the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.</p>					
1519.	Health Care Facility Licensing Rules - Cost plus mailing	0.00	0.00	0.00	0	0
1520.	Certificate of Authority - Health Maintenance Organization Review of Application	500.00	500.00	0.00	0	0
	Subtotal, Health Facility Licensure, Certification, & Resident Assessment					\$248,646
	Health - Epidemiology & Lab Services - Chemical and Environmental Services					
1521.	Chain of Custody Sample Handling	10.50	10.50	0.00	0	0
1522.	Priority Handling of Samples (Surcharge) Minimum charge	10.50	10.50	0.00	0	0
1523.	Environmental Testing (48 hrs turn around time) 100 percent of fee	0.00	0.00	0.00	0	0
1524.	Expert Preparation Time (Research), per hour	52.50	52.50	0.00	0	0
1525.	Expert Witness Fee (Portal to Portal), per hour	52.50	52.50	0.00	0	0
	Drinking Water Tests					
1526.	Lead and Copper (Metals Type M-8) 200.8	29.40	29.40	0.00	0	0
	Drinking Water Inorganic Tests:					
1527.	Nitrate + 353.2	12.60	12.60	0.00	0	0
1528.	Nitrite 353.2	21.00	21.00	0.00	0	0
	Asbestos - subcontract price plus handling fee					
1529.	Bromide 300.0	26.25	26.25	0.00	0	0
1530.	Bromate 300.0	52.50	52.50	0.00	0	0
1531.	Chlorate 300.0	52.50	52.50	0.00	0	0
1532.	Chlorite 300.0	52.50	52.50	0.00	0	0
1533.	Ion Chromatography (multiple ions) 300.0	60.00	60.00	0.00	0	0
1534.	UV Absorption SM 5910B	31.50	31.50	0.00	0	0
1535.	TOC SM	0.00	0.00	0.00	0	0

	Old Fee	New Fee	Fee Change	Quantity	Rev Chg	
Primary Inorganics and Heavy Metals						
1536.						
	(Type 9 Chemistry) (18 parameters)	0.00	0.00	0.00	0	0
1537.	Type C-9 Annual Inorganic Tests (18 parameters)	262.50	262.50	0.00	0	0
Drinking Water Tests						
New Drinking Water Sources TYPE PW-7						
1538.	(Total Inorganic Chemistry - 46 parameters)	742.35	742.35	0.00	0	0
Drinking Water Organic Contaminants:						
1539.	THMs EPA Method 524.2	78.75	78.75	0.00	0	0
1540.	Maximum Total Potential THM Method 524.2	84.00	84.00	0.00	0	0
1541.	Haloacetic Acids Method 6251B	157.50	157.50	0.00	0	0
1542.	VOCs (combined regulated and unregulated)	0.00	0.00	0.00	0	0
1543.	VOCs (Unregulated List 1 & List 3) EPA 524.2	199.50	199.50	0.00	0	0
1544.	Pesticides Phase II/V SVOA & Pesticide 4 methods	875.00	875.00	0.00	0	0
1545.	Pesticides (List II: 10 unregulated contaminants)	0.00	0.00	0.00	0	0
1546.	Pesticides Phase II / V 3 methods	750.00	750.00	0.00	0	0
1547.	Pesticide 508.1	154.50	154.50	0.00	0	0
1548.	Pesticide EPA 525.2	350.00	350.00	0.00	0	0
1549.	Herbicide EPA 515.1	200.00	200.00	0.00	0	0
1550.	Carbamate EPA 531.1	200.00	200.00	0.00	0	0
1551.	EPA 508A Total PCBs	200.00	200.00	0.00	0	0
1552.	TOC SM 5310B	21.00	21.00	0.00	0	0
1553.	DOC (Dissolved Organic Chemicals)	30.00	30.00	0.00	0	0
1554.	Inorganics Tests (per sample for preconcentration)	15.75	15.75	0.00	0	0
1555.	MAX-HAA	165.00	165.00	0.00	0	0
Inorganic Water Tests						
1556.	Alkalinity (Total) SM 2320B	9.45	9.45	0.00	0	0
1557.	Aluminum 200.8	17.85	17.85	0.00	0	0
1558.	Ammonia 350.3	21.00	21.00	0.00	0	0
1559.	Antimony 200.8	17.85	17.85	0.00	0	0
1560.	Arsenic 200.8	17.85	17.85	0.00	0	0
1561.	Barium 200.8	12.60	12.60	0.00	0	0
1562.	Beryllium 200.8	12.60	12.60	0.00	0	0
1563.	BOD5 405.1	31.50	31.50	0.00	0	0
1564.	Boron 200.7	12.60	12.60	0.00	0	0
1565.	Cadmium 200.8	17.85	17.85	0.00	0	0
1566.	Calcium 200.7	12.60	12.60	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Inorganic Water Tests					
1567.	Chromium 200.8	17.85	17.85	0.00	0	0
1568.	Chromium (Hexavalent) SD 3500CD - CR6	26.25	26.25	0.00	0	0
1569.	Chloride 325.1	8.40	8.40	0.00	0	0
1570.	Chloride (IC) EPA 300.0	31.50	31.50	0.00	0	0
1571.	Chlorophyll A SM 10200H - CHA	21.00	21.00	0.00	0	0
1572.	COD 410.4	21.00	21.00	0.00	0	0
1573.	Color 110.2	21.00	21.00	0.00	0	0
1574.	Copper 200.8	12.60	12.60	0.00	0	0
1575.	Cyanide 335.4	47.25	47.25	0.00	0	0
1576.	Fluoride SM 4500C - F	9.45	9.45	0.00	0	0
1577.	Iron 200.1	12.60	12.60	0.00	0	0
1578.	Langlier Index (Calculation: pH, calcium, TDS, alkalinity)	5.25	5.25	0.00	0	0
1579.	Lead 200.8	17.85	17.85	0.00	0	0
1580.	Magnesium EPA 200.7	15.75	15.75	0.00	0	0
1581.	Manganese 200.8	12.60	12.60	0.00	0	0
1582.	Mercury 200.8	26.25	26.25	0.00	0	0
1583.	Mercury Fish	50.00	50.00	0.00	0	0
1584.	Molybdenum 200.8	12.60	12.60	0.00	0	0
1585.	Nickel 200.8	17.85	17.85	0.00	0	0
1586.	Nitrite 353.2	21.00	21.00	0.00	0	0
1587.	Nitrate plus Nitrite EPA 353.2	12.60	12.60	0.00	0	0
1588.	Odor 140.1	26.25	26.25	0.00	0	0
1589.	Perchlorate 314.0	52.50	52.50	0.00	0	0
1590.	pH 150.1	10.50	10.50	0.00	0	0
1591.	Phosphate, ortho 365.1	21.00	21.00	0.00	0	0
1592.	Phosphorus, Diss. 365.1	15.00	15.00	0.00	0	0
1593.	Phosphorus, Total 365.1	15.75	15.75	0.00	0	0
1594.	Potassium 200.7	12.60	12.60	0.00	0	0
1595.	Selenium 200.8	17.85	17.85	0.00	0	0
1596.	Selenium / Hydride - AA	40.00	40.00	0.00	0	0
1597.	Silica 370.1	15.75	15.75	0.00	0	0
1598.	Silver 200.8	17.85	17.85	0.00	0	0
1599.	Sodium 200.7	12.60	12.60	0.00	0	0
1600.	Solids, Total Dissolved (TDS) SM 3540C	15.75	15.75	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Inorganic Water Tests					
1601.	Solids, Total Suspended (TSS) 160.2	13.65	13.65	0.00	0	0
1602.	Solids, Settable (SS) 160.5	13.65	13.65	0.00	0	0
1603.	Solids, Total Volatile 160.4	15.75	15.75	0.00	0	0
1604.	Solids, Percent	13.65	13.65	0.00	0	0
1605.	Solids, Residual Suspended 160.1	26.25	26.25	0.00	0	0
1606.	Specific Conductance 120.1	9.45	9.45	0.00	0	0
1607.	Surfactants SM 5540C	63.00	63.00	0.00	0	0
1608.	Sulfate 300.0 375.2	15.75	15.75	0.00	0	0
1609.	Sulfide 376.2	42.00	42.00	0.00	0	0
1610.	Thallium 200.8	17.85	17.85	0.00	0	0
1611.	Tin 200.7	17.85	17.85	0.00	0	0
1612.	Turbidity 180.1	10.50	10.50	0.00	0	0
1613.	Vanadium 200.8	12.60	12.60	0.00	0	0
1614.	Zinc 200.8	12.60	12.60	0.00	0	0
1615.	Zirconium 200.8	17.85	17.85	0.00	0	0
	Inorganic Chemistry Groups:					
1616.	Type C-2 - Partial Chemistry (12 Major Anions/Cations)	80.85	80.85	0.00	0	0
	Metals Tests Groups:					
1617.	Hazardous Waste, Solids, Sediment, Soil	16.80	16.80	0.00	0	0
1618.	Sample preparation	21.00	21.00	0.00	0	0
1619.	Type FM-3 - Dissolved metals (12 20 Metals - No Digestion)	152.25	152.25	0.00	0	0
1620.	Type FM-4 Surface Water Filtered (minerals and hardness)	48.00	48.00	0.00	0	0
1621.	Type M-9 Surface Water (5 metals)	88.00	88.00	0.00	0	0
1622.	Type M-7 - Total Metals In Water (12 13 Metals - Digested)	204.75	204.75	0.00	0	0
	Nutrient Tests Groups:					
1623.	Type N-2 Surface Water (totals) (2 tests)	35.00	35.00	0.00	0	0
1624.	Type N-3 Surface Water (totals) (3 tests)	47.00	47.00	0.00	0	0
1625.	Type N-4 Surface Water (totals) (3 tests)	43.00	43.00	0.00	0	0
1626.	Type N-6 Surface Water (totals) (2 tests)	27.00	27.00	0.00	0	0
1627.	FN-9 Type 9 - 4 parameters	28.35	28.35	0.00	0	0
	Hazardous Waste Organics Tests					
1628.	BTEXN (Benzene, Toluene, Ethylbenzene, Xylene, Napthalene)	78.75	78.75	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Hazardous Waste Organics Tests					
1629.	EPA 8020 (BTEXN soil)	78.75	78.75	0.00	0	0
1630.	Chlorinated Pesticides (Soil) 8082	210.00	210.00	0.00	0	0
1631.	Chlorinated Acid Herbicides (Soil) 8150	315.00	315.00	0.00	0	0
1632.	EPA 8270 Semi Volatiles	472.50	472.50	0.00	0	0
1633.	EPA 8260 (VOCs)	210.00	210.00	0.00	0	0
1634.	Ethylene Glycol in Water SHL Method	78.75	78.75	0.00	0	0
1635.	Aldehydes (Air) TO-11	89.25	89.25	0.00	0	0
1636.	Oil and Grease 1664	105.00	105.00	0.00	0	0
1637.	EPA 8082 PCBs	183.75	183.75	0.00	0	0
1638.	PCBs in oil	131.25	131.25	0.00	0	0
1639.	PCE EPA 524.2	78.75	78.75	0.00	0	0
1640.	EPA Method 625 Base/Neutral Acids by GC/MS	420.00	420.00	0.00	0	0
1641.	Total Organic Carbon (TOC) SM 5310B	21.00	21.00	0.00	0	0
1642.	Total Petroleum Hydrocarbons (non-BTEX) 8015	131.25	131.25	0.00	0	0
1643.	Volatiles (Purgeables - EPA Method 624)	210.00	210.00	0.00	0	0
1644.	EPA Method 8270 Semivolatiles (A/B/Na) by GC/MS	420.00	420.00	0.00	0	0
1645.	Unregulated Contaminant Monitoring Regulation I (UCMR I)	682.50	682.50	0.00	0	0
1646.	TCLP - Extraction procedure EPA SW - 1311	105.00	105.00	0.00	0	0
1647.	TCLP Zero Headspace Extraction (ZHE) EPA SW 846 - 1311	168.00	168.00	0.00	0	0
1648.	Periphyton	51.50	51.50	0.00	0	0
	Radiochemistry					
1649.	Gross alpha or beta	63.00	63.00	0.00	0	0
1650.	Gross alpha and beta	63.00	63.00	0.00	0	0
1651.	Radium226, (Deemanation)	131.25	131.25	0.00	0	0
1652.	Radium228, (ppt/separation)	162.75	162.75	0.00	0	0
1653.	Uranium (Total Activity)	105.00	105.00	0.00	0	0
1654.	Uranium (ICP/MS)	52.50	52.50	0.00	0	0
1655.	Radon by Liquid Scintillation	68.25	68.25	0.00	0	0
1656.	Tritium	84.00	84.00	0.00	0	0
1657.	Gamma Spectroscopy By HPGe (water and solid samples)	157.50	157.50	0.00	0	0
	Analysis includes nuclide identification and quantitation, per nuclide.					
	Water Bacteriology					
1658.	Swimming pool bacteriology (MF and HPC)	26.25	26.25	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Water Bacteriology					
1659.	Polluted water bacteriology per parameter	15.75	15.75	0.00	0	0
1660.	Environmental legionella (liter of water) 9260J	52.50	52.50	0.00	0	0
	Drinking Water Microbiology					
1661.	Aeromonas 1605	52.50	52.50	0.00	0	0
1662.	Colilert E. Coli 9223B	15.75	15.75	0.00	0	0
	Cryptosporidium and Giarrdia					
1663.	Method 1623 analysis	315.00	315.00	0.00	0	0
1664.	Filter	105.00	105.00	0.00	0	0
1665.	MPA	236.50	236.50	0.00	0	0
1666.	Bacillus subtilis	26.25	26.25	0.00	0	0
1667.	PFGE	31.50	31.50	0.00	0	0
	Alliance Testing					
	Cryptosporidium and Giarrdia					
1668.	Protozoa 1623	210.00	210.00	0.00	0	0
1669.	Protozoa M	300.00	300.00	0.00	0	0
1670.	Filter	100.00	100.00	0.00	0	0
1671.	UV Absorbtion SM 5910B	15.00	15.00	0.00	0	0
1672.	TOC SM 5310B	15.00	15.00	0.00	0	0
1673.	THMs EPA Method 524.2	37.50	37.50	0.00	0	0
1674.	Haloacetic Acids Method 6251B	87.55	87.55	0.00	0	0
1675.	Alkalinity (total) SM 2320B	9.45	9.45	0.00	0	0
1676.	Taste and Odor Method 525.2	175.00	175.00	0.00	0	0
1677.	Bromate	25.75	25.75	0.00	0	0
1678.	Bromide	25.00	25.00	0.00	0	0
1679.	Chlorate	15.00	15.00	0.00	0	0
1680.	Chlorite	15.00	15.00	0.00	0	0
	UCMR2					
	List 1					
1681.	EPA Method 525.2 (Acetanilide Pesticides)	0.00	200.00	200.00	0	0
1682.	EPA Method 527 (Polyrominated diphenyl)	0.00	275.00	275.00	0	0
1683.	EPA Method 529 (Explosives)	0.00	275.00	275.00	0	0
	Toxicology					
1684.	Alcohol and other volatiles	0.00	61.00	61.00	0	0
1685.	Alcohol in Urine	26.25	0.00	-26.25	0	0
1686.	Alcohol in Beverage	36.75	0.00	-36.75	0	0
1687.	Blood alcohol	52.50	0.00	-52.50	0	0

	Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Toxicology					
1688.					
1688.	0.00	41.00	41.00	0	0
1689.	0.00	106.00	106.00	0	0
1690.	0.00	54.00	54.00	0	0
1691.	0.00	49.00	49.00	0	0
1692.	0.00	110.00	110.00	0	0
1693.	0.00	87.00	87.00	0	0
1694.	0.00	113.00	113.00	0	0
1695.	0.00	143.00	143.00	0	0
1696.	210.00	0.00	-210.00	0	0
1697.	157.50	0.00	-157.50	0	0
1698.	26.25	0.00	-26.25	0	0
1699.	42.00	0.00	-42.00	0	0
1700.	42.00	0.00	-42.00	0	0
1701.	42.00	0.00	-42.00	0	0
1702.	78.75	0.00	-78.75	0	0
1703.	63.00	0.00	-63.00	0	0
1704.	52.50	0.00	-52.50	0	0
1705.	52.50	0.00	-52.50	0	0
1706.	52.50	0.00	-52.50	0	0
1707.	78.75	78.75	0.00	0	0
1708.	231.00	0.00	-231.00	0	0
1709.	73.50	0.00	-73.50	0	0
1710.	15.75	15.00	-.75	13	-10
Copy Fee					
1711.	1.00	1.00	0.00	0	0
Subtotal, Chemical and Environmental Services					
Health - Epidemiology & Lab Services - Laboratory Improvement					
Environmental Laboratory Certification					
Annual certification fee (chemistry and/or microbiology)					
1712.	0.00	0.00	0.00	0	0
Note: Laboratories applying for certification are subject to the annual certification fee, plus the fee listed for each category in each they are to be certified.					
1713.	525.00	525.00	0.00	0	0

	Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Environmental Laboratory Certification					
Annual certification fee (chemistry and/or microbiology)					
1714.					
1714.	6,825.00	6,825.00	0.00	0	0
1715.	735.00	735.00	0.00	0	0
1716.	63.00	63.00	0.00	0	0
Safe Drinking Water by Analyte and Method					
1717.	47.25	47.25	0.00	0	0
Microbiological - Each Method					
Inorganic test procedure each method					
1718.	26.25	26.25	0.00	0	0
1719.	31.50	31.50	0.00	0	0
Miscellaneous each method					
1720.	26.25	26.25	0.00	0	0
1721.	31.50	31.50	0.00	0	0
1722.	26.25	26.25	0.00	0	0
Organic Compounds each method					
1723.	63.00	63.00	0.00	0	0
1724.	78.75	78.75	0.00	0	0
1725.	89.25	89.25	0.00	0	0
1726.	168.00	168.00	0.00	0	0
1727.	31.50	31.50	0.00	0	0
Radiological each method					
Clean Water by Analyte and Method					
1728.	47.25	47.25	0.00	0	0
1729.	183.75	183.75	0.00	0	0
Toxicity Testing					
Inorganic test procedure each method					
1730.	26.25	26.25	0.00	0	0
1731.	31.50	31.50	0.00	0	0
1732.	36.75	36.75	0.00	0	0
Organic Compounds each method					
1733.	78.75	78.75	0.00	0	0
1734.	147.00	147.00	0.00	0	0
1735.	173.25	173.25	0.00	0	0
1736.	36.75	36.75	0.00	0	0
Radiological each method					
RCRA by Analyte and Method					
1737.	47.25	47.25	0.00	0	0
Microbiological each method					
Inorganic test procedure each method					
1738.	26.25	26.25	0.00	0	0
1739.	31.50	31.50	0.00	0	0

	Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Environmental Laboratory Certification					
RCRA by Analyte and Method					
Miscellaneous Groups each method					
1740.	26.25	26.25	0.00	0	0
1741.	31.50	31.50	0.00	0	0
1742.	36.75	36.75	0.00	0	0
1743.	42.00	42.00	0.00	0	0
1744.	36.75	36.75	0.00	0	0
1745.	42.00	42.00	0.00	0	0
Sample Extraction Procedures each method					
1746.	36.75	36.75	0.00	0	0
1747.	31.50	31.50	0.00	0	0
1748.	78.75	78.75	0.00	0	0
Organic Compounds each method					
1749.	78.75	78.75	0.00	0	0
1750.	89.25	89.25	0.00	0	0
1751.	147.00	147.00	0.00	0	0
1752.	500.00	500.00	0.00	0	0
Each individual analyte by each specific method					
1753.	0.00	0.00	0.00	0	0
Travel expenses reimbursement for out of state environmental laboratory certifications - Cost Recovery					
Permits for authorized individuals to withdraw blood for the purpose of determining alcohol or drug content.					
1754.	31.50	31.50	0.00	0	0
Impounded Animals Use Certification					
1755.	315.00	315.00	0.00	0	0
Subtotal, Laboratory Improvement					\$0
Health - Epidemiology & Lab Services - Microbiology					
Immunology					
1756.	11.50	11.50	0.00	0	0
1757.	17.50	17.50	0.00	0	0
1758.	30.00	21.00	-9.00	600	-5,400
1759.	15.00	15.00	0.00	0	0
(Note: this test includes a confirmatory Western Blot if needed)					
1760.	45.00	45.00	0.00	0	0
(Note: this is for a Western Blot only, a reactive EIA is not required)					
1761.	15.00	15.00	0.00	0	0
Blot)					

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Immunology					
1762.	Hantavirus	45.00	45.00	0.00	0	0
1763.	Syphilis RPR	7.00	7.00	0.00	0	0
1764.	Syphilis FTA	11.50	11.50	0.00	0	0
1765.	HIV- testimony per hour	105.00	105.00	0.00	0	0
1766.	Chain of Custody sample surcharge	16.50	16.50	0.00	0	0
1767.	Samples for research	10.00	10.00	0.00	0	0
	Virology					
1768.	Herpes culture	12.00	0.00	-12.00	0	0
1769.	Herpes culture screen	0.00	12.00	12.00	0	0
1770.	Herpes Typing	0.00	18.00	18.00	0	0
1771.	Rabies (mice, squirrels)	85.00	85.00	0.00	0	0
1772.	CMV culture	12.00	12.00	0.00	0	0
1773.	Chlamydia unpooled amplified test	17.00	17.00	0.00	0	0
1774.	Gonorrhea unpooled amplified test	17.00	17.00	0.00	0	0
1775.	GC and CT unpooled amplified test	23.00	23.00	0.00	0	0
1776.	DFA for Respiratory Illness	12.00	12.00	0.00	0	0
1777.	DFA for Chicken Pox	12.00	12.00	0.00	0	0
	Bacteriology					
	Clinical					
1778.	TB (bone marrow and blood samples only)	20.00	20.00	0.00	0	0
1779.	Direct TB test	320.00	320.00	0.00	0	0
1780.	Cultural, Organism	15.00	15.00	0.00	0	0
1781.	Culture of Organism Special Media	20.00	20.00	0.00	0	0
1782.	Escherichia coli STEC (Shigotoxin E.coli)	55.00	55.00	0.00	0	0
1783.	Botulism Culture & Toxin (Stool)	380.00	380.00	0.00	0	0
1784.	Botulism Toxin Characterization (Stool)	200.00	200.00	0.00	0	0
1785.	Botulism Culture Characterization (Serum)	175.00	175.00	0.00	0	0
1786.	Legionella Culture & ID / Sample	35.00	35.00	0.00	0	0
1787.	Giardia/Cryptosporidium EIA	24.00	24.00	0.00	0	0
1788.	ID by Sequencing	130.00	130.00	0.00	0	0
1789.	Quantiferon	0.00	40.00	40.00	1,023	40,920
	Food Microbiology					
1790.	Total and fecal coliform	25.00	25.00	0.00	0	0
1791.	Plate count, per dilution	17.00	17.00	0.00	0	0
1792.	pH and water activity	17.00	17.00	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Bacteriology					
	Food Microbiology					
1793.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus culture	82.00	82.00	0.00	0	0
1794.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus toxin assay	290.00	290.00	0.00	0	0
1795.	Salmonella isolation and speciation	220.00	220.00	0.00	0	0
1796.	Shigella isolation and speciation	55.00	55.00	0.00	0	0
1797.	Campylobacter isolation and speciation	70.00	70.00	0.00	0	0
1798.	Listeria isolation and speciation	150.00	150.00	0.00	0	0
1799.	E. coli O157:H7 or Shigatoxin producing organism workup	100.00	100.00	0.00	0	0
1800.	Botulism toxin assay one food	135.00	135.00	0.00	0	0
1801.	Botulism toxin assay each additional food item	20.00	20.00	0.00	0	0
1802.	Environmental swab	20.00	20.00	0.00	0	0
1803.	Coliform count	25.00	25.00	0.00	0	0
	Newborn Screening:					
1804.	Routine first and follow-up screening	67.00	75.00	8.00	56,420	451,360
1805.	Diet Monitoring	7.35	7.35	0.00	0	0
	Molecular Biology					
1806.	Bordetella pertussis by PCR	42.00	42.00	0.00	0	0
1807.	Norwalk Virus by PCR	130.00	130.00	0.00	0	0
1808.	Chlamydia pneumoniae by PCR	150.00	150.00	0.00	0	0
1809.	Mycoplasma pneumoniae by PCR	150.00	150.00	0.00	0	0
1810.	Multi-Orthopox PCR	150.00	150.00	0.00	0	0
1811.	Small Pox only Rule-in PCR	75.00	75.00	0.00	0	0
1812.	V2V Chicken Pox PCR	75.00	75.00	0.00	0	0
1813.	Influenza A & B PCR	75.00	75.00	0.00	0	0
1814.	Influenza A subtyping for H1, H3, H5, H7	175.00	175.00	0.00	0	0
1815.	WNV/SLE/WEE PCR	75.00	75.00	0.00	0	0
1816.	Human WNV ELISA serum (not screened by EPI)	35.00	35.00	0.00	0	0
	Bioterrorism (non-Epidemiology Screened)					
1817.	Stat Environmental and powder by molecular methods	375.00	375.00	0.00	0	0
	all agents by molecular methods					
1818.	Non-Stat Environmental and/or Powder all agents by Culture only	30.00	30.00	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Bacteriology					
	Bioterrorism (non-Epidemiology Screened)					
1819.	Non-Stat Environmental and/or Powder Ricin & Staph enterotoxin B	50.00	50.00	0.00	0	0
1820.	Stat Work-up for one BT agent-Molecular Method per Agent	65.00	65.00	0.00	0	0
	Subtotal, Microbiology					\$486,880
	Health - Epidemiology & Lab Services - Communicable Disease Control					
1821.	Notification and post-test counseling of patients involved in an emergency medical services (EMS) body fluid exposure.	0.00	0.00	0.00	0	0
	Cost Recovery					
1822.	Counseling of an individual with a positive HIV antibody test - Cost Recovery	0.00	0.00	0.00	0	0
1823.	Notification of an individual with a negative HIV antibody test in person.	15.00	15.00	0.00	0	0
1824.	Fundamentals of HIV Counseling Workshops	385.00	385.00	0.00	0	0
1825.	Positive/OraQuick/PCRS Workshop	450.00	450.00	0.00	0	0
	HIV/AIDS education presentations					
1826.	HIV 101	40.00	40.00	0.00	0	0
1827.	TB Skin Testing (placement and reading)	15.00	15.00	0.00	0	0
1828.	Other	0.00	0.00	0.00	0	0
	The Laboratory performs a variety of tests under contract and in volume to other agencies of government. The charge for these services is determined according to the type of services and the test volume, and is based on the cost to the Laboratory and therefore may be lower than the fee schedule. Because of changing needs, the Laboratory receives requests for new tests or services that are impossible to anticipate and list fully in a standard fee schedule. Charges for these services are authorized and are to					
	Subtotal, Communicable Disease Control					\$0
	Health - Community & Family Health - Director's Office					
	Utah Statewide Immunization Information System (USIIS)					
	Non-Financial Contributing Partner					
1829.	Match on Immunization Records in Database, per record	12.00	0.00	-12.00	0	0
1830.	File Format Conversion, per hour	30.00	0.00	-30.00	0	0
	Financial Contributing Partners					
1831.	Match on Immunization Records in Database, per record	12.00	0.00	-12.00	0	0
	If the partner's financial contribution is more than or equal to the number of records to be matched multiplied by \$12.00, then the partner shall not have to pay the fee.					
	Subtotal, Director's Office					\$0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Health - Community & Family Health - Health Promotion						
Cardiovascular Disease Program						
Gold Medal Schools						
1832.	Legacy Gold Medal Mile Trail Book	5.00	0.00	-5.00	0	0
1833.	Utah Walks Pin	1.00	0.00	-1.00	0	0
1834.	Walk to School Stickers	10.00	0.00	-10.00	0	0
Healthy Utah Program						
1835.	Healthy Utah Pedometer	10.32	0.00	-10.32	50	-516
1836.	Healthy Utah Color Communication Book	6.57	0.00	-6.57	5	-33
Note: Unit counts may vary greatly depending on public demand. Fees are charges to recapture the actual costs of purchasing, printing, and maintaining materials and equipment.						
Subtotal, Health Promotion						-\$549
Health - Community & Family Health - Children with Special Health Care Needs						
1837.	Note:	0.00	0.00	0.00	0	0
The schedule of charges for Children with Special Health Care Needs services provided by the Division of Community and Family Health Services represents commonly performed procedures by CPT code and is consistent with charges by the private sector. The list is not intended to be comprehensive as the Division is mandated to assign a charge for all services performed and there is potentially an unlimited number of procedures that could be provided. If unlisted services are performed, charges consistent with the private sector will be assigned.						
Office Visit, New Patient						
1838.	99201 Problem focused, straightforward	41.00	41.00	0.00	0	0
1839.	99202 Expanded problem, straightforward	52.00	54.00	2.00	1	2
1840.	99203 Detailed, low complexity	77.00	83.00	6.00	110	660
1841.	99204 Comprehensive, Moderate complexity	103.00	123.00	20.00	140	2,800
1842.	99205 Comprehensive, high complexity	120.00	163.00	43.00	251	10,793
Office Visit, Established Patient						
1843.	99211 Minimal Service or non-MD	16.00	17.00	1.00	9	9
1844.	99212 Problem focused, straightforward	37.00	37.00	0.00	0	0
1845.	99213 Expanded problem, low complexity	51.00	51.00	0.00	0	0
1846.	99214 Detailed, moderate complexity	62.00	68.00	6.00	453	2,718
1847.	99215 Comprehensive, high complexity	94.00	109.00	15.00	226	3,390
Office Consultation, New or Established Patient						
1848.	99242 Expanded problem focused, straightforward	77.00	80.00	3.00	16	48
1849.	99243 Detailed exam, low complexity	86.00	107.00	21.00	74	1,554
1850.	99244 Comprehensive, moderate complexity	124.00	158.00	34.00	264	8,976
1851.	99245 Comprehensive, high complexity	186.00	210.00	24.00	102	2,448
1852.	99354 Prolonged, face to face, first hour	77.00	77.00	0.00	0	0
1853.	99355 Prolonged, face to face, additional 30 minutes	77.00	77.00	0.00	0	0
1854.	99358 Prolonged, non face to face, first hour	89.00	89.00	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Office Consultation, New or Established Patient					
1855.	99359 Prolonged, non face to face, additional 30 minutes	45.00	49.00	4.00	1	4
1856.	99361 Medical team conference, 30 min.	63.00	63.00	0.00	0	0
1857.	99362 Medical team conference, 60 min.	124.00	124.00	0.00	0	0
1858.	99371 Telephone Consultation, low complexity	16.00	16.00	0.00	0	0
1859.	99372 Telephone Consultation, intermediate	22.00	22.00	0.00	0	0
1860.	99373 Telephone Consultation, complex or	43.00	44.00	1.00	91	91
1861.	99375 Physician Supervision, 30 minutes or more	63.00	63.00	0.00	0	0
	Nutrition					
1862.	97802 Nutrition Assessment	22.00	22.00	0.00	0	0
1863.	97803 Nutrition Reassessment	22.00	22.00	0.00	0	0
	Psychology					
1864.	96101 Psychological Testing	130.00	136.00	6.00	797	4,782
1865.	96110 Developmental Testing	64.00	64.00	0.00	0	0
1866.	96111 Extended Developmental Testing	60.00	60.00	0.00	0	0
1867.	90801 Diagnostic Exam, per hour	130.00	130.00	0.00	0	0
1868.	90801-52 Diagnostic Exam, per hour, Reduced Procedures	65.00	65.00	0.00	0	0
1869.	90802 Interactive Psychiatric Exam	130.00	130.00	0.00	0	0
1870.	90804 Psychotherapy, face to face, 20-30 minutes	66.00	66.00	0.00	0	0
1871.	90846 Family Med Psychotherapy, w/o 30 minutes	66.00	66.00	0.00	0	0
1872.	90847 Family Med Psychotherapy, conjoint 30 minutes	130.00	130.00	0.00	0	0
1873.	90882 Environmental Intervention w/Agencies, Employers, etc.	48.00	49.00	1.00	2	2
1874.	90882-52 Environmental Intervention Reduced Procedures	23.00	23.00	0.00	0	0
1875.	90885 Evaluation of hospital records	37.00	37.00	0.00	0	0
1876.	90889 Preparation of reports	39.00	39.00	0.00	0	0
	Physical and Occupational Therapy					
1877.	97001 Physical Therapy Evaluation	45.00	45.00	0.00	0	0
1878.	97002 Physical Therapy Re-evaluation	36.00	36.00	0.00	0	0
1879.	97003 Occupational Therapy Evaluation	46.00	61.00	15.00	253	3,795
1880.	97004 Occupational Therapy Re-evaluation	37.00	37.00	0.00	0	0
1881.	97110 Therapeutic Physical Therapy	24.00	24.00	0.00	0	0
1882.	G9012 Wheelchair Measurement / Fitting	312.00	312.00	0.00	0	0

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Speech					
1883.	92506 Speech Basic Assessment	97.00	102.00	5.00	187	935
1884.	92506-22 Speech Assessment, unusual procedures	132.00	151.00	19.00	28	532
1885.	92506-52 Speech Assessment, reduced procedures	53.00	53.00	0.00	0	0
	Ophthalmology					
1886.	92002 Exam & Evaluation, intermediate, new	55.00	55.00	0.00	0	0
1887.	92012 Exam & evaluation, intermediate, established patient	50.00	50.00	0.00	0	0
1888.	92015 Determination of refractive state	26.00	27.00	1.00	1	1
	Audiology					
1889.	92285 Photoscreen	26.00	26.00	0.00	0	0
1890.	92551 Audiometry, Pure Tone Screen	33.00	33.00	0.00	0	0
1891.	92552 Audiometry, Pure Tone Threshold	36.00	36.00	0.00	0	0
1892.	92553 Audiometry, Air and Bone	44.00	44.00	0.00	0	0
1893.	92555 Speech Audiometry threshold testing	28.00	28.00	0.00	0	0
1894.	92556 Speech Audiometry threshold/speech recognition testing	40.00	40.00	0.00	0	0
1895.	92557 Basic Comprehension, Audiometry	80.00	80.00	0.00	0	0
1896.	92567 Tympanometry	19.00	19.00	0.00	0	0
1897.	92579 Visual reinforcement audiometry	35.00	35.00	0.00	0	0
1898.	92579-52 Visual reinforcement audiometry, limited	31.00	31.00	0.00	0	0
1899.	92582 Conditioning Play Audiometry	80.00	80.00	0.00	0	0
1900.	92587 Evoked Otoacoustic emissions testing	42.00	42.00	0.00	0	0
1901.	92591 Hearing Aid Exam, Binaural	108.00	108.00	0.00	0	0
1902.	92596 Ear Mold	84.00	84.00	0.00	0	0
1903.	92592-52 Hearing aid check, monaural	31.00	31.00	0.00	0	0
1904.	92593-52 Hearing aid check, binaural	44.00	44.00	0.00	0	0
1905.	92620 Evaluation of Central Auditory Function	87.00	87.00	0.00	0	0
1906.	V5008 Hearing Check, Patient Under 3 Years Old	38.00	38.00	0.00	0	0

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

	BabyWatch / Early Intervention					
1907.	Monthly charges based on a sliding fee schedule from \$10.00 to \$100.00	0.00	0.00	0.00	0	0

Subtotal, Children with Special Health Care Needs

\$43,540

	Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Health - Health Care Financing - Contracts					
PCN Client Enrollment Fee					
1908.					
	Over 50 % of Poverty Level	50.00	50.00	0.00	0
	(annual fee per person or married couple.)				
1909.					
	Under 50 % of Poverty Level	25.00	25.00	0.00	0
	(annual fee per person or married couple.)				
1910.					
	General Assistance Enrollees	15.00	15.00	0.00	0
	(annual fee per person or married couple.)				
	Subtotal, Contracts				\$0
Health - Children's Health Insurance Program					
CHIP Quarterly Premium					
1911.					
	PLAN B (100%-150% of Poverty Level)	30.00	30.00	0.00	0
1912.					
	Plan C (150%-200% of Poverty Level)	60.00	60.00	0.00	0
	Subtotal, Children's Health Insurance Program				\$0



Utah
Department
of Health

UTAH DEPARTMENT OF HEALTH
Baby Watch Early Intervention Program
2008 Sliding Fee Schedule



Monthly Family Fee:	Exempt	\$10	\$20	\$30	\$40	\$50	\$60	\$80	\$100
Fee Group:	FX	FH	FG	FF	FE	FD	FC	FB	FA
Family Size:	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income
2	\$0.00 to \$26,039.99	\$26,040.00 to \$27,999.99	\$28,000.00 to \$34,999.99	\$35,000.00 to \$41,999.99	\$42,000.00 to \$55,999.99	\$56,000.00 to \$69,999.99	\$70,000.00 to \$83,999.99	\$84,000.00 to \$97,999.99	\$98,000.00 and above
3	\$0.00 to \$32,735.99	\$32,736.00 to \$35,199.99	\$35,200.00 to \$43,999.99	\$44,000.00 to \$52,799.99	\$52,800.00 to \$70,399.99	\$70,400.00 to \$87,999.99	\$88,000.00 to \$105,599.99	\$105,600.00 to \$123,199.99	\$123,200.00 and above
4	\$0.00 to \$39,431.99	\$39,432.00 to \$42,399.99	\$42,400.00 to \$52,999.99	\$53,000.00 to \$63,599.99	\$63,600.00 to \$84,799.99	\$84,800.00 to \$105,999.99	\$106,000.00 to \$127,199.99	\$127,200.00 to \$148,399.99	\$148,400.00 and above
5	\$0.00 to \$46,127.99	\$46,128.00 to \$49,599.99	\$49,600.00 to \$61,999.99	\$62,000.00 to \$74,399.99	\$74,400.00 to \$99,199.99	\$99,200.00 to \$123,999.99	\$124,000.00 to \$148,799.99	\$148,800.00 to \$173,599.99	\$173,600.00 and above
6	\$0.00 to \$52,823.99	\$52,824.00 to \$56,799.99	\$56,800.00 to \$70,999.99	\$71,000.00 to \$85,199.99	\$85,200.00 to \$113,599.99	\$113,600.00 to \$141,999.99	\$142,000.00 to \$170,399.99	\$170,400.00 to \$198,799.99	\$198,800.00 and above
7	\$0.00 to \$59,519.99	\$59,520.00 to \$63,999.99	\$64,000.00 to \$79,999.99	\$80,000.00 to \$95,999.99	\$96,000.00 to \$127,999.99	\$128,000.00 to \$159,999.99	\$160,000.00 to \$191,999.99	\$192,000.00 to \$223,999.99	\$224,000.00 and above
8	\$0.00 to \$66,215.99	\$66,216.00 to \$71,199.99	\$71,200.00 to \$88,999.99	\$89,000.00 to \$106,799.99	\$106,800.00 to \$142,399.99	\$142,400.00 to \$177,999.99	\$178,000.00 to \$213,599.99	\$213,600.00 to \$249,199.99	\$249,200.00 and above
<i>Add amount for each additional family member</i>	\$3,600	\$6,696	\$7,200	\$9,000	\$10,800	\$14,400	\$18,000	\$21,600	\$25,200

NOTE: This CFHS schedule is based on Federal Poverty Guidelines published in the *Federal Register*, Vol. 73, No. 15, January 23, 2008, pages 3971-3972. When new poverty guidelines are published the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.

COMMUNITY & FAMILY HEALTH SERVICES DIVISION**2008 Sliding Fee Schedule and CHIP Monthly Income Ranges**

Patient's Financial Responsibility (PFR)	0%	0%	20%	40%	60%	100%	
% of Federal Poverty Guideline	100%	0% to 133%	133% to 150%	150% to 185%	185% to 225%	>225%	CHIP* 200%
Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	\$866.67	0 to \$1,152.67	\$1,152.68 to \$1,300.00	\$1,300.01 to \$1,603.33	\$1,603.34 to \$1,950.00	\$1,950.01 and up	\$1,733.33
2	\$1,166.67	0 to \$1,551.67	\$1,551.68 to \$1,750.00	\$1,750.01 to \$2,158.33	\$2,158.34 to \$2,625.00	\$2,625.01 and up	\$2,333.33
3	\$1,466.67	0 to \$1,950.67	\$1,950.68 to \$2,200.00	\$2,200.01 to \$2,713.33	\$2,713.34 to \$3,300.00	\$3,300.01 and up	\$2,933.33
4	\$1,766.67	0 to \$2,349.67	\$2,349.68 to \$2,650.00	\$2,650.01 to \$3,268.33	\$3,268.34 to \$3,975.00	\$3,975.01 and up	\$3,533.33
5	\$2,066.67	0 to \$2,748.67	\$2,748.68 to \$3,100.00	\$3,100.01 to \$3,823.33	\$3,823.34 to \$4,650.00	\$4,650.01 and up	\$4,133.33
6	\$2,366.67	0 to \$3,147.67	\$3,147.68 to \$3,550.00	\$3,550.01 to \$4,378.33	\$4,378.34 to \$5,325.00	\$5,325.01 and up	\$4,733.33
7	\$2,666.67	0 to \$3,546.67	\$3,546.68 to \$4,000.00	\$4,000.01 to \$4,933.33	\$4,933.34 to \$6,000.00	\$6,000.01 and up	\$5,333.33
8	\$2,966.67	0 to \$3,945.67	\$3,945.68 to \$4,450.00	\$4,450.01 to \$5,488.33	\$5,488.34 to \$6,675.00	\$6,675.01 and up	\$5,933.33
Each Additional Family Member	\$300.00	\$399.00	\$450.00	\$555.00	\$675.00	\$675.00	\$600.00

NOTE: This CFHS schedule is based on the Federal Poverty Guidelines published in the Federal Register January 23, 2008; Vol. 73, No. 15, Pgs 3971– 3972. 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.

*CHIP = Children's Health Insurance Program.