



Issue Brief: Health Department Fees

HEALTH AND HUMAN SERVICES

BB: DEPARTMENT OF HEALTH

SUMMARY

In accordance with UCA 63J-1-303, the following fees (included on the following pages) are proposed for the services of the Department of Health in FY 2010.

DISCUSSION AND ANALYSIS

The total increase in fees for the Department of Health is estimated at \$1,897,388 or 15%. This is detailed in the table below. Often, the full amount of the fees cannot be collected from the client or patient, due to circumstances outlined by statute and federal program rule. These circumstances may include the income level, age or physical abilities of the clients that receive the services. A sliding payment scale is used and included for approval by the Legislature in this Issue Brief.

Line Item & Program	Base Year Fees	New Fees	Increased Fees	Total Fee Increase	% Increase
OFFICE OF THE EXECUTIVE DIRECTOR					
Office of the Medical Examiner	\$ 85,300	\$350,500	\$ 200	\$ 350,700	411%
Center for Health Data	\$ 110,085	\$ -	\$ -	\$ -	0%
Bureau of Vital Records	\$ 1,299,031	\$ 9,375	\$ 287,011	\$ 296,386	23%
HEALTH SYSTEMS IMPROVEMENT					
Emergency Medical Services	\$ 514,225	\$ 15,875	\$ 3,525	\$ 19,400	4%
Child Care Licensing	\$ 93,420	\$ 40,000	\$ -	\$ 40,000	43%
Health Facility Licensure, Certification and Resident Assessment	\$ 906,443	\$200,000	\$ 50	\$ 200,050	22%
EPIDEMIOLOGY AND LABORATORY SERVICES					
Laboratory General	\$ -	\$ -	\$ -	\$ -	N/A
Chemical and Environmental Services	\$ 452,306	\$ -	\$ 22,698	\$ 22,698	5%
Laboratory Improvement	\$ 400,432	\$ -	\$ 30,116	\$ 30,116	8%
Microbiology	\$ 4,771,852	\$ -	\$ 572,012	\$ 572,012	12%
Communicable Disease Control	\$ -	\$ -	\$ -	\$ -	N/A
COMMUNITY FAMILY HEALTH SERVICES					
Director's Office	\$ 10,008	\$ -	\$ -	\$ -	0%
Health Promotion	\$ -	\$ -	\$ 5,350	\$ 5,350	N/A
Children with Special Health Care Needs	\$ 1,164,681	\$ -	\$ 309,676	\$ 309,676	27%
HEALTH CARE FINANCING					
Contracts	\$ 700,000	\$ -	\$ -	\$ -	0%
Children's Health Insurance Program	\$ 2,310,000	\$ 51,000	\$ -	\$ 51,000	2%
Health Totals	\$ 12,817,782	\$666,750	\$ 1,230,638	\$ 1,897,388	15%

The table below details the new fees proposed by the Department of Health and their estimated revenues. These new fees are estimated to bring in \$666,750 in FY 2010.

<u>Program & New Fee Name</u>	<u>Fee</u>	<u>Units</u>	<u>Revenue</u>	<u>Explanation</u>
Medical Examiner				
All requestors cost for Non-Office of Medical Examiner copies per file request	\$ 50	10	\$ 500	Cover on-going document/copy costs
Review and authorize cremation	\$ 100	3,500	\$ 350,000	Comparable fee charged in other states. Fee will offset current investigation costs.
New Fee Revenue			\$ 350,500	
Bureau of Vital Records				
Disinterment Permit	\$ 25	60	\$ 1,500	This is a new fee established to recoup the costs associated with issuing disinterment permits.
Adoption Expedite Fee	\$ 25	315	\$ 7,875	This is a new fee. The current \$10 expedite fee is low enough that most adoption applicants request expedition. The higher adoption expedite fee will deter unnecessary expedite requests.
New Fee Revenue			\$ 9,375	
Child Care Licensing				
Fee for non-compliant facilities	\$ 25	1,600	\$ 40,000	For facilities that require additional visits beyond the standard 2 annual visits, a \$25 fee will be assessed.
Emergency Medical Services				
Practical Quality Assurance Review Fee	20.00	650	\$ 13,000	This rate would be new to the agencies so that the Bureau of EMS could monitor all practical tests given by agencies. The rate would take place of the "Recertification Fee."
EMR Certification Practical Re-Test (per station)	80.00	0	\$ -	The EMR is a new level the Bureau will certify when the NHTSA curriculum is completed - (Probably 2009)
EMR Certification Preactical Test	40.00	0	\$ -	The EMR is a new level the Bureau will certify when the NHTSA curriculum is completed - (Probably 2009)
Emergency Medical Responder Course	125.00	3	\$ 375	This is a new level that the Bureau will begin doing courses on when the NHTSA curriculum is prepared (probably 2009)
EMS Training & Testing Agency Designation	125.00	20	\$ 2,500	This fee is for agencies who do testing and Continuing Medical Education documentation for recertification.
New Fee Revenue			\$ 15,875	
Health Facility Licensure, Certification and Resident Assessment				
Background Checks	\$ 10	20,000	\$ 200,000	This new fee is being imposed to cover processing costs for completing background screening for direct care staff.
Children's Health Insurance Program				
Late Fee	\$ 15	3,400	\$ 51,000	New: Late payments result in more administrative costs for health plans that get closed then must be reinstated. The late fee will encourage clients to make payments in a timely manner.
New Fee Revenue			\$ 51,000	

LEGISLATIVE ACTION

The Analyst recommends that the Subcommittee approve these proposed fees.

COMMUNITY & FAMILY HEALTH SERVICES DIVISION**2009 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	\$902.50	0 to \$1,200.33	\$1,200.34 to \$1,353.75	\$1,353.76 to \$1,669.63	\$1,669.64 to \$2,030.63	\$2,030.64 and up	\$1,805.00
2	\$1,214.17	0 to \$1,614.84	\$1,614.85 to \$1,821.25	\$1,821.26 to \$2,246.21	\$2,246.22 to \$2,731.88	\$2,731.89 and up	\$2,428.33
3	\$1,525.83	0 to \$2,029.36	\$2,029.37 to \$2,288.75	\$2,288.76 to \$2,822.79	\$2,822.80 to \$3,433.13	\$3,433.14 and up	\$3,051.67
4	\$1,837.50	0 to \$2,443.88	\$2,443.89 to \$2,756.25	\$2,756.26 to \$3,399.38	\$3,399.39 to \$4,134.38	\$4,134.39 and up	\$3,675.00
5	\$2,149.17	0 to \$2,858.39	\$2,858.40 to \$3,223.75	\$3,223.76 to \$3,975.96	\$3,975.97 to \$4,835.63	\$4,835.64 and up	\$4,298.33
6	\$2,460.83	0 to \$3,272.91	\$3,272.92 to \$3,691.25	\$3,691.26 to \$4,552.54	\$4,552.55 to \$5,536.88	\$5,536.89 and up	\$4,921.67
7	\$2,772.50	0 to \$3,687.43	\$3,687.44 to \$4,158.75	\$4,158.76 to \$5,129.13	\$5,129.14 to \$6,238.13	\$6,238.14 and up	\$5,545.00
8	\$3,084.17	0 to \$4,101.94	\$4,101.95 to \$4,626.25	\$4,626.26 to \$5,705.71	\$5,705.72 to \$6,939.38	\$6,939.39 and up	\$6,168.33
Each Additional Family Member	\$311.67	\$414.52	\$467.50	\$576.58	\$701.25	\$701.25	\$623.33

NOTE: This CFHS schedule is based on the Federal Poverty Guidelines published in the Federal Register January 23, 2009; Vol. 74, No. 14, Pgs 4199– 4201. 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: CFHS FINANCIAL RESOURCES - CENTRAL BILLING OFFICE (CBO) 2/2/2008



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.

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Health - Executive Director's Operations - Medical Examiner						
Autopsy						
1270.	Non-Jurisdictional Case (plus cost of body transportation)	2,000.00	2,000.00	0.00	0	0
1271.	External Examination, Non-Jurisdictional Case (plus transportation)	500.00	500.00	0.00	0	0
1272.	Use of Office of Medical Examiner facilities and assistants for autopsies	500.00	500.00	0.00	0	0
1273.	Use of Office of Medical Examiner facilities and assistants for external exams	300.00	300.00	0.00	0	0
Reports						
1274.	First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge	0.00	0.00	0.00	0	0
1275.	All other requestors and additional copies	25.00	35.00	10.00	20	200
Miscellaneous Office of Medical Examiner case file papers						
1276.	First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge	0.00	0.00	0.00	0	0
1277.	All other requestors and additional copies	35.00	35.00	0.00	0	0
Miscellaneous non-Office of Medical Examiner case file papers						
1278.	All requestors cost for non-Office of Medical Examiner copies per file request	0.00	50.00	50.00	10	500
Cremation Authorization Fee						
1279.	Review and authorize cremation	0.00	100.00	100.00	3,500	350,000
Court						
1280.	Preparation, consultation, and appearance on non-OME Criminal and Civil cases. Portal to portal expenses including travel costs and waiting time, per hour	400.00	400.00	0.00	0	0
1281.	Consultation as Medical Examiner on OME cases. Portal to portal expenses including travel costs and waiting time, per hour	400.00	400.00	0.00	0	0
Photographic and Video Services						
1282.	Color negatives from slides	2.50	2.50	0.00	0	0
1283.	Slide Duplication	3.50	3.50	0.00	0	0
1284.	Film - 24 Exposure Roll	5.00	5.00	0.00	0	0
1285.	Film - 36 Exposure Roll	6.00	6.00	0.00	0	0
1286.	Glass Slides	10.00	10.00	0.00	0	0
1287.	X-rays	10.00	10.00	0.00	0	0
1288.	Digital Image copied from Digital Source - Flat fee for up to 30 requested images	10.00	10.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Photographic and Video Services						
1289.	Digital Image copied from Digital Source - per image cost for request over 30 images	1.00	1.00	0.00	0	0
1290.	Digital Image copied from color slide negatives	2.50	2.50	0.00	0	0
1291.	Color Print 8 X 10	7.00	7.00	0.00	0	0
1292.	Color Print 5 X 7	3.50	3.50	0.00	0	0
Use of Tissue Harvest Room						
1293.	Skin Graft	120.75	120.75	0.00	0	0
1294.	Bone	241.50	241.50	0.00	0	0
1295.	Heart Valve	63.00	63.00	0.00	0	0
1296.	Eye	31.50	31.50	0.00	0	0
1297.	Saphenous vein acquisition	63.00	63.00	0.00	0	0
1298.	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.						
1299.	Biological samples requests	25.00	25.00	0.00	0	0
Handling and storage of requested samples by outside sources.						
Subtotal, Medical Examiner						\$350,700
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						
1300.	File I - for the latest year only	1,575.00	1,575.00	0.00	0	0
1301.	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						
1302.	File I - multiple year data set (3 years prior to current year)	1,500.00	1,500.00	0.00	0	0
1303.	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						
1304.	First year (5 copies)	375.00	375.00	0.00	0	0
1305.	Annual renewal fee (5 copies)	375.00	375.00	0.00	0	0
1306.	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						
1307.	File I - for the latest year only	3,150.00	3,150.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Public Use Data Set - Single Year License Fee for Private Sector Agencies Organizations Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use					
1308.	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					
1309.	File I - multiple year data set (3 years prior to current year)	3,000.00	3,000.00	0.00	0	0
1310.	File III - multiple year data set (3 years prior to current year)	1,000.00	1,000.00	0.00	0	0
	Public Use Data Set - Single Year License Fee for Data Suppliers File I - for the latest year only					
1311.	Large System/Corp. (>35,000 discharges per year)	3,150.00	3,150.00	0.00	0	0
1312.	Large Single Hospital or Multi. Hosp. (5,000- 35,000 discharges per year)	1,575.00	1,575.00	0.00	0	0
1313.	Small or Medium Single Hospital (<5,000 discharges per year)	525.00	525.00	0.00	0	0
	Private Sector Secondary Release License, File I - III, per year					
1314.	First Year (5 copies)	1,050.00	1,050.00	0.00	0	0
1315.	Annual renewal fee (5 copies)	525.00	525.00	0.00	0	0
1316.	Additional copies (in excess of 5)	50.00	50.00	0.00	0	0
1317.	Financial Database	50.00	50.00	0.00	0	0
	Research Data Set License Fee Inpatient, Ambulatory Surgery, and Emergency Department Encounter Research Data Set					
1318.	Latest Year	3,150.00	3,150.00	0.00	0	0
1319.	Three years prior	3,000.00	3,000.00	0.00	0	0
	Research Data Set Secondary Release License Fee					
1320.	Inpatient data set for the latest year	1,500.00	1,500.00	0.00	0	0
1321.	Ambulatory surgery data set for the latest year	750.00	750.00	0.00	0	0
1322.	Emergency Department encounter data set for the last year	750.00	750.00	0.00	0	0
	Research Data Set for Federal Databases with Secondary Release License Fee					
1323.	Inpatient data set for the latest year	4,500.00	4,500.00	0.00	0	0
1324.	Ambulatory surgery data set for the latest year	4,500.00	4,500.00	0.00	0	0
	Multi-Year HEDIS Data Set License Fee Public, Educational, Non-profit Research Organizations					
1325.	File I - Latest Year (per data set)	1,050.00	1,050.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Multi-Year HEDIS Data Set License Fee						
Public, Educational, Non-profit Research Organizations						
1326.	File II - Previous Year (per data set)	750.00	750.00	0.00	0	0
1327.	File III - Any Earlier Years (per data set)	500.00	500.00	0.00	0	0
Private Sector Agencies						
1328.	File I - Latest Year (per data set)	1,575.00	1,575.00	0.00	0	0
1329.	File II - Previous Year (per data set)	1,250.00	1,250.00	0.00	0	0
1330.	File III - Any Earlier Years (per data set)	1,000.00	1,000.00	0.00	0	0
HMO Enrollee Satisfaction Survey Data Set License Fee						
Public, Educational, Non-profit Research Organizations						
1331.	File I - Latest Year (per data set)	1,050.00	1,050.00	0.00	0	0
1332.	File II - Previous Year (per data set)	750.00	750.00	0.00	0	0
1333.	File III - Any Earlier Years (per data set)	500.00	500.00	0.00	0	0
Private Sector Agencies						
1334.	File I - Latest Year (per data set)	1,575.00	1,575.00	0.00	0	0
1335.	File II - Previous Year (per data set)	1,250.00	1,250.00	0.00	0	0
1336.	File III - Any Earlier Years (per data set)	1,000.00	1,000.00	0.00	0	0
Data Suppliers (contributing HMOs)						
1337.	File I - Latest Year (per data set)	420.00	420.00	0.00	0	0
1338.	File II - Previous Year (per data set)	300.00	300.00	0.00	0	0
1339.	File III - Any Earlier Years (per data set)	200.00	200.00	0.00	0	0
Data Suppliers (Non-contributing HMOs)						
1340.	File I - Latest Year (per data set)	840.00	840.00	0.00	0	0
1341.	File II - Previous Year (per data set)	600.00	600.00	0.00	0	0
1342.	File III - Any Earlier Years (per data set)	400.00	400.00	0.00	0	0
Fee for Data Suppliers Purchases						
1343.	Hard Copy Reports Miscellaneous	10.00	10.00	0.00	0	0
1344.	Standard Report 1 - Inpatient, Emergency	50.00	50.00	0.00	0	0
1345.	Standard Report 1 - Ambulatory Surgery	50.00	50.00	0.00	0	0
1346.	Hospital Financial Report	50.00	50.00	0.00	0	0
1347.	Special Reports	15.00	15.00	0.00	0	0
1348.	Special Data Request, per hour, (\$70 minimum)	55.00	55.00	0.00	0	0
Other Fees						
1349.	Data suppliers' special data request, per hour	35.00	35.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Other Fees						
1350.	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						
1351.	Initial Copy	15.00	18.00	3.00	57,632	172,896
1352.	Additional Copies	8.00	8.00	0.00	0	0
1353.	Stillbirth	12.00	15.00	3.00	65	195
1354.	Affidavit	20.00	25.00	5.00	883	4,415
1355.	Heritage Birth Certificate	22.00	28.00	6.00	203	1,218
1356.	Book Copy of Birth Certificate	0.00	21.00	21.00	1,000	21,000
1357.	Adoption	40.00	55.00	15.00	1,895	28,425
1358.	Expedite Fee	10.00	12.00	2.00	3,600	7,200
Death Certificate						
1359.	Initial Copy	13.00	16.00	3.00	3,309	9,927
1360.	Additional Copies	8.00	8.00	0.00	0	0
1361.	Burial Transit Permit	5.00	7.00	2.00	13	26
1362.	Disinternment Permit	0.00	25.00	25.00	60	1,500
1363.	Paternity Search, per hour (1 hour minimum)	9.00	16.00	7.00	1,836	12,852
1364.	Delayed Registration	40.00	55.00	15.00	95	1,425
1365.	Marriage and Divorce Abstracts	9.00	16.00	7.00	1,738	12,166
1366.	Legitimation	40.00	55.00	15.00	13	195
1367.	Adoption Registry	25.00	25.00	0.00	0	0
1368.	Adoption Expedite Fee	0.00	25.00	25.00	315	7,875
1369.	Death Research, per hour (1 hour minimum)	9.00	9.00	0.00	0	0
1370.	Court Order Name Changes	20.00	25.00	5.00	230	1,150
1371.	Court Order Paternity	40.00	55.00	15.00	97	1,455
1372.	On-line Access to Computerized Vital Records, per month	10.00	12.00	2.00	5,738	11,476
1373.	Ad-hoc Statistical Requests, per hour	35.00	45.00	10.00	99	990
Subtotal, Center for Health Data						\$296,386
Health - Health Systems Improvement - Emergency Medical Services						
Registration, Certification and Testing						
Certification Fee						
1374.	Initial EMR and EMT-Basic	30.00	30.00	0.00	0	0
1375.	All other certifications	10.00	10.00	0.00	0	0
1376.	Recertification Fee	10.00	0.00	-10.00	450	-4,500

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Registration, Certification and Testing					
1377.	Practical Quality Assurance Review Fee	0.00	20.00	20.00	650	13,000
1378.	Lapsed Certification Fee	15.00	15.00	0.00	0	0
	Registration, Certification and Testing					
	Written Test Fee					
1379.	Basic EMT Certification Written Test/Re-test Fee	20.00	0.00	-20.00	0	0
1380.	All written tests, re-tests	20.00	20.00	0.00	0	0
	Practical Test Fees					
	EMR					
1381.	EMR Certification Practical Re-Test (per station)	0.00	80.00	80.00	0	0
1382.	EMR Certification Practical Test	0.00	40.00	40.00	0	0
	EMT					
1383.	Basic Certification Practical Test	80.00	80.00	0.00	0	0
1384.	Basic Certification Practical Re-Test (per station)	40.00	40.00	0.00	0	0
1385.	Basic Recertification Practical Test	150.00	0.00	-150.00	0	0
1386.	Basic Recertification/Reciprocity Practical Test	150.00	150.00	0.00	0	0
1387.	Basic Recert/Recip Practical Re-Test, Medical Scenario	50.00	75.00	25.00	2	50
1388.	Basic Recert/Recip Practical Re-Test, Trauma Scenario	50.00	75.00	25.00	2	50
1389.	Intermediate Practical Test Fee	80.00	80.00	0.00	0	0
1390.	Intermediate Practical Re-test Fee per station	40.00	40.00	0.00	0	0
1391.	Intermediate Advanced Practical Test Fee	100.00	100.00	0.00	0	0
1392.	Intermediate Advanced Practical Retest per station	50.00	50.00	0.00	0	0
1393.	Paramedic Practical Test	165.00	200.00	35.00	100	3,500
1394.	Paramedic Practical retest per station	55.00	40.00	-15.00	0	0
	Annual Quality Assurance Review Fee, per vehicle					
1395.	Ground Ambulance, Basic	100.00	100.00	0.00	0	0
1396.	Ground Ambulance, Intermediate	130.00	130.00	0.00	0	0
1397.	Interfacility Transfer Ambulance, Basic	100.00	100.00	0.00	0	0
1398.	Interfacility Transfer Ambulance, Intermediate	130.00	130.00	0.00	0	0
1399.	Paramedic Rescue	165.00	165.00	0.00	0	0
1400.	Paramedic Tactical Response	165.00	165.00	0.00	0	0
1401.	Paramedic Ambulance	170.00	170.00	0.00	0	0
1402.	Paramedic Interfacility Transfer Service	170.00	170.00	0.00	0	0
1403.	Fleet fee (agency with 20 or more vehicles)	3,200.00	3,200.00	0.00	0	0
1404.	Quick Response Unit, Basic	65.00	65.00	0.00	0	0
1405.	Quick Response Unit, Intermediate	65.00	65.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Annual Quality Assurance Review Fee, per vehicle					
1406.	Advanced Air Ambulance	130.00	130.00	0.00	0	0
1407.	Specialized Air Ambulance	165.00	165.00	0.00	0	0
1408.	Emergency Medical Dispatch Center, per center	65.00	65.00	0.00	0	0
1409.	Resource Hospital, per hospital	65.00	65.00	0.00	0	0
1410.	Out of State Air Ambulance	200.00	200.00	0.00	0	0
	Quality Assurance Application Reviews					
1411.	Original Ground Ambulance/Paramedic License Negotiated	650.00	650.00	0.00	0	0
1412.	Original Ambulance/Paramedic License Contested - up to actual cost	0.00	0.00	0.00	0	0
1413.	Original Designation	125.00	125.00	0.00	0	0
1414.	Renewal Ambulance/Paramedic/Air License	125.00	125.00	0.00	0	0
1415.	Renewal Designation	125.00	125.00	0.00	0	0
1416.	Upgrade in Ambulance Service Level	125.00	125.00	0.00	0	0
1417.	Original Air Ambulance License	650.00	650.00	0.00	0	0
1418.	Original Air Ambulance License with CAMTS Certification	250.00	250.00	0.00	0	0
1419.	Change in ownership/operator, non-contested	650.00	650.00	0.00	0	0
1420.	Change in ownership/operator, contested up to actual cost	0.00	0.00	0.00	0	0
1421.	Change in geographic service area, non-contested	650.00	650.00	0.00	0	0
1422.	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					
1423.	Quality Assurance Application Review	0.00	0.00	0.00	0	0
1424.	Quality Assurance Application Pre-Designation Review	0.00	0.00	0.00	0	0
1425.	Site Team Initial Verification/Quality Assurance Review	3,000.00	3,000.00	0.00	0	0
1426.	Re-Designation Quality Assurance Review	2,500.00	2,500.00	0.00	0	0
1427.	Designation Consultation Visits	250.00	250.00	0.00	0	0
	Quality Assurance Review Fee					
1428.	Emergency Medical Responder Course	0.00	125.00	125.00	3	375
1429.	Basic EMT Course	125.00	125.00	0.00	0	0
1430.	Paramedic Course	125.00	125.00	0.00	0	0
1431.	EMT-Intermediate Advanced Course	125.00	125.00	0.00	0	0
1432.	EMT-Intermediate Course	125.00	125.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Quality Assurance Review Fee					
1433.	Emergency Medical Dispatch Course	35.00	35.00	0.00	0	0
1434.	Course QA Review Late Fee (less than 30 days)	25.00	25.00	0.00	0	0
1435.	EMS Training & Testing Agency Designation	0.00	125.00	125.00	20	2,500
1436.	New Instructor Course Registration	150.00	150.00	0.00	0	0
1437.	New Instructor Course Registration Late Fee	25.00	25.00	0.00	0	0
1438.	Course Coordinator Seminar Registration	50.00	50.00	0.00	0	0
1439.	Course Coordinator Seminar Registration Late Fee	25.00	25.00	0.00	0	0
1440.	New Course Coordinator Course Registration	50.00	50.00	0.00	0	0
1441.	New Course Coordinator Course Registration Late Fee	25.00	25.00	0.00	0	0
1442.	Instructor Seminar Registration	150.00	150.00	0.00	0	0
1443.	Instructor Seminar Registration Late Fee	25.00	25.00	0.00	0	0
1444.	Instructor Seminar Vendor Fee	200.00	200.00	0.00	0	0
1445.	New Training Officer Course Registration	50.00	50.00	0.00	0	0
1446.	New Training Officer Course Registration Late Fee	25.00	25.00	0.00	0	0
1447.	Training Officer Seminar Registration	50.00	50.00	0.00	0	0
1448.	Training Officer Seminar Registration Late Fee	25.00	25.00	0.00	0	0
1449.	EVO Instructor Course	40.00	40.00	0.00	0	0
1450.	Medical Director's Course	50.00	50.00	0.00	0	0
1451.	PALS Course	60.00	60.00	0.00	0	0
1452.	PEPP Course	60.00	60.00	0.00	0	0
1453.	Management Seminar	50.00	50.00	0.00	0	0
1454.	PHTLS Course	175.00	175.00	0.00	0	0
	Equipment delivery fee					
1455.	Salt Lake County	25.00	25.00	0.00	0	0
1456.	Davis, Utah, and Weber Counties	50.00	50.00	0.00	0	0
1457.	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.					
1458.	Background checks (name only)	15.00	15.00	0.00	0	0
1459.	Fingerprint cards or electronic transmission	50.00	50.00	0.00	0	0
	Subtotal, Emergency Medical Services					\$14,975
	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

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Annual License Fees					
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
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.	12.50	12.50	0.00	0	0
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.	Fee for non-compliant facilities	0.00	25.00	25.00	1,600	40,000
1468.	Child care program fees are not refundable.	0.00	0.00	0.00	0	0
1469.	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					\$40,000
Health - Health Systems Improvement - Health Facility Licensure, Certification, & Resident Assessment						
	Annual License Fees					
1470.	Health Facilities base fee	200.00	200.00	0.00	0	0
	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					
1471.	Health Care Facility, every other year	400.00	400.00	0.00	0	0
	Change Fee					
	Change Fee					
1472.	Health Care Providers	100.00	100.00	0.00	0	0
	A fee of \$100.00 is charged to health care providers making changes to their existing license.					
	Hospitals:					
1473.	Fee per Licensed Bed - accredited beds	30.00	30.00	0.00	0	0
1474.	Non-accredited beds	30.00	30.00	0.00	0	0
1475.	Nursing Care Facilities, and Small Health Care Facilities Licensed Bed	24.00	24.00	0.00	0	0
1476.	Residential Treatment Facilities Licensed Bed	20.00	20.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Two Year Licensing Base Fees						
1477.	End Stage Renal Disease Centers (ESRDs) Licensed Station	140.00	140.00	0.00	0	0
1478.	Freestanding Ambulatory Surgery Centers (per facility)	2,300.00	2,300.00	0.00	0	0
1479.	Birthing Centers, and Abortion Clinics: (per licensed unit)	400.00	400.00	0.00	0	0
1480.	Hospice Agencies	1,150.00	1,150.00	0.00	0	0
1481.	Home Health Agencies/Personal Care Agencies	1,150.00	1,150.00	0.00	0	0
1482.	Mammography Screening Facilities	400.00	400.00	0.00	0	0
1483.	Assisted Living Facilities Type I - per Licensed Bed	20.00	20.00	0.00	0	0
1484.	Assisted Living Facilities Type II - per Licensed Bed	20.00	20.00	0.00	0	0
1485.	The fee for each satellite and branch office of current licensed facility	200.00	200.00	0.00	0	0
1486.	Background Checks	0.00	10.00	10.00	20,000	200,000
1487.	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.						
1488.	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
1489.	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
1490.	New Provider/Change in Ownership Applications for health care facilities	575.00	575.00	0.00	0	0
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.						
1491.	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:						
1492.	Policy and Procedure Review-50% of total fee	0.00	0.00	0.00	0	0
1493.	Onsite inspections-90% of the total fee.	0.00	0.00	0.00	0	0
Plan Review and Inspection Fees						
Hospitals:						
Number of Beds						
1494.	Up to 16	2,300.00	2,300.00	0.00	0	0
1495.	17 to 50	4,600.00	4,600.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Plan Review and Inspection Fees						
Hospitals:						
Number of Beds						
1496.	51 to 100	6,900.00	6,900.00	0.00	0	0
1497.	101 to 200	8,625.00	8,625.00	0.00	0	0
1498.	201 to 300	10,350.00	10,350.00	0.00	0	0
1499.	301 to 400	11,500.00	11,500.00	0.00	0	0
1500.	Over 400, base fee	11,500.00	11,500.00	0.00	0	0
1501.	Over 400, each additional bed	25.00	25.00	0.00	0	0
<p style="text-align: center;">In the case of complex or unusual hospital plans, the Bureau will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.</p>						
Nursing Care Facilities and Small Health Care Facilities						
1502.	Number of beds - up to 5	750.00	750.00	0.00	0	0
1503.	Number of beds - 6 to 16	1,150.00	1,150.00	0.00	0	0
1504.	Number of beds - 17 to 50	2,600.00	2,600.00	0.00	0	0
1505.	Number of beds - 51 to 100	4,600.00	4,600.00	0.00	0	0
1506.	Number of beds - 101 to 200	5,750.00	5,750.00	0.00	0	0
1507.	Freestanding Ambulatory Surgical Facilities, per operating room	1,150.00	1,150.00	0.00	0	0
1508.	Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit	290.00	290.00	0.00	0	0
1509.	End Stage Renal Disease Facilities, per service unit	115.00	115.00	0.00	0	0
Assisted Living Type I and Type II						
Number of Beds						
1510.	Up to 5	400.00	400.00	0.00	0	0
1511.	6 to 16	800.00	800.00	0.00	0	0
1512.	17 to 50	1,840.00	1,840.00	0.00	0	0
1513.	51 to 100	3,450.00	3,450.00	0.00	0	0
1514.	101 to 200	4,830.00	4,830.00	0.00	0	0
<p style="text-align: center;">Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$375.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative.</p>						
1515.	Remodels of Licensed Facilities	0.00	0.00	0.00	0	0
<p style="text-align: center;">The plan review fee for remodeling an area of a currently operating licensed facility that does not involve an addition of beds, operating rooms, service units, or other clinic type facilities.</p>						
1516.	Hospitals, Freestanding Surgery Facilities, per square foot	.19	.19	0.00	0	0
1517.	All others excluding Home Health Agencies, per square foot	.16	.16	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Plan Review and Inspection Fees						
Remodels of Licensed Facilities						
1518.	Each additional required on-site inspection	375.00	375.00	0.00	0	0
1519.	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>						
1520.	Health Care Facility Licensing Rules - Cost plus mailing	0.00	0.00	0.00	0	0
Certificate of Authority -						
1521.	Health Maintenance Organization Review of Application	500.00	500.00	0.00	0	0
Subtotal, Health Facility Licensure, Certification, & Resident Assessment						\$200,000
Health - Epidemiology & Lab Services - Director's Office						
Laboratory General						
1522.	Expert Preparation Time (Research), per hour	0.00	78.75	78.75	0	0
1523.	Expert Testimony Fee (Portal to Portal), per hour	0.00	78.75	78.75	0	0
Administrative retrieval and copy fee						
1524.	1-15 copies	0.00	20.00	20.00	5	100
1525.	each additional copy	0.00	1.00	1.00	100	100
GRAMA Request Administrative Fee						
1526.	1-15 copies	0.00	25.00	25.00	0	0
1527.	each additional copy	0.00	1.00	1.00	0	0
Subtotal, Director's Office						\$200
Health - Epidemiology & Lab Services - Chemical and Environmental Services						
1528.	Chain of Custody Sample Handling	10.50	11.00	.50	0	0
1529.	Priority Handling of Samples (Surcharge) Minimum charge	10.50	11.00	.50	0	0
1530.	Environmental Testing (48 hrs turn around time)	0.00	0.00	0.00	0	0
100 percent of fee						
1531.	Expert Preparation Time (Research), per hour	52.50	0.00	-52.50	0	0
1532.	Expert Witness Fee (Portal to Portal), per hour	52.50	0.00	-52.50	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Drinking Water Tests					
1533.	Lead and Copper (Metals Type M-8) 200.8	29.40	30.90	1.50	345	518
	Drinking Water Inorganic Tests:					
1534.	Nitrate + 353.2	12.60	13.20	.60	0	0
1535.	Nitrite 353.2	21.00	22.00	1.00	0	0
	Asbestos - subcontract price plus handling fee					
1536.	Bromide 300.0	26.25	27.50	1.25	0	0
1537.	Bromate 300.0	52.50	55.00	2.50	0	0
1538.	Chlorate 300.0	52.50	55.00	2.50	0	0
1539.	Chlorite 300.0	52.50	55.00	2.50	0	0
1540.	Ion Chromatography (multiple ions) 300.0	60.00	63.00	3.00	0	0
1541.	UV Absorption SM 5910B	31.50	33.00	1.50	170	255
1542.	TOC SM	0.00	0.00	0.00	0	0
	Primary Inorganics and Heavy Metals					
1543.	(Type 9 Chemistry) (18 parameters)	0.00	0.00	0.00	0	0
1544.	Type C-9 Animal Inorganic Tests (18 parameters)	262.50	276.00	13.50	38	513
	Drinking Water Tests					
	New Drinking Water Sources TYPE PW-7					
1545.	(Total Inorganic Chemistry - 46 parameters)	742.35	780.00	37.65	10	377
	Drinking Water Organic Contaminants:					
1546.	THMs EPA Method 524.2	78.75	82.70	3.95	225	889
1547.	Maximum Total Potential THM Method 524.2	84.00	88.20	4.20	0	0
1548.	Haloacetic Acids Method 6251B	157.50	165.00	7.50	367	2,753
1549.	VOCs (combined regulated and unregulated)	0.00	0.00	0.00	0	0
1550.	VOCs (Unregulated List 1 & List 3) EPA 524.2	199.50	209.00	9.50	0	0
1551.	Pesticides Phase II/V SVOA & Pesticide 4 methods	875.00	919.00	44.00	74	3,256
1552.	Pesticides (List II: 10 unregulated contaminants)	0.00	0.00	0.00	0	0
1553.	Pesticides Phase II / V 3 methods	750.00	787.50	37.50	0	0
1554.	Pesticide 508.1	154.50	162.25	7.75	0	0
1555.	Pesticide EPA 525.2	350.00	367.50	17.50	15	263
1556.	Herbicide EPA 515.1	200.00	210.00	10.00	2	20
1557.	Carbamate EPA 531.1	200.00	210.00	10.00	2	20
1558.	EPA 508A Total PCBs	200.00	210.00	10.00	0	0
1559.	TOC SM 5310B	21.00	22.00	1.00	90	90
1560.	DOC (Dissolved Organic Chemicals)	30.00	31.50	1.50	0	0
1561.	Inorganics Tests (per sample for preconcentration)	15.75	16.50	.75	0	0
1562.	MAX-HAA	165.00	173.00	8.00	53	424

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Inorganic Water Tests					
1563.	Alkalinity (Total) SM 2320B	9.45	10.00	.55	250	138
1564.	Aluminum 200.8	17.85	18.75	.90	115	104
1565.	Ammonia 350.3	21.00	22.00	1.00	14	14
1566.	Antimony 200.8	17.85	18.75	.90	0	0
1567.	Arsenic 200.8	17.85	18.75	.90	1	1
1568.	Barium 200.8	12.60	13.25	.65	1	1
1569.	Beryllium 200.8	12.60	13.25	.65	0	0
1570.	BOD5 405.1	31.50	33.00	1.50	11	17
1571.	Boron 200.7	12.60	13.25	.65	1	1
1572.	Cadmium 200.8	17.85	18.75	.90	135	122
1573.	Calcium 200.7	12.60	13.25	.65	0	0
1574.	Chromium 200.8	17.85	18.75	.90	1	1
1575.	Chromium (Hexavalent) SD 3500CD - CR6	26.25	27.50	1.25	0	0
1576.	Chloride 325.1	8.40	8.90	.50	17	9
1577.	Chloride (IC) EPA 300.0	31.50	33.00	1.50	9	14
1578.	Chlorophyll A SM 10200H - CHA	21.00	22.00	1.00	78	78
1579.	COD 410.4	21.00	22.00	1.00	66	66
1580.	Color 110.2	21.00	22.00	1.00	0	0
1581.	Copper 200.8	12.60	13.25	.65	2	1
1582.	Cyanide 335.4	47.25	50.00	2.75	9	25
1583.	Fluoride SM 4500C - F	9.45	15.00	5.55	45	250
1584.	Iron 200.1	12.60	13.25	.65	1	1
1585.	Langlier Index (Calculation: pH, calcium, TDS, alkalinity)	5.25	5.50	.25	1	0
1586.	Lead 200.8	17.85	18.75	.90	0	0
1587.	Magnesium EPA 200.7	15.75	16.50	.75	95	71
1588.	Manganese 200.8	12.60	13.25	.65	1	1
1589.	Mercury 200.8	26.25	27.50	1.25	2	3
1590.	Mercury Fish	50.00	52.50	2.50	0	0
1591.	Molybdenum 200.8	12.60	13.25	.65	0	0
1592.	Nickel 200.8	17.85	18.75	.90	1	1
1593.	Nitrite 353.2	21.00	22.00	1.00	12	12
1594.	Nitrate plus Nitrite EPA 353.2	12.60	13.25	.65	235	153
1595.	Odor 140.1	26.25	27.50	1.25	0	0
1596.	Perchlorate 314.0	52.50	55.00	2.50	13	33

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Inorganic Water Tests						
1597.	pH 150.1	10.50	11.00	.50	0	0
1598.	Phosphate, ortho 365.1	21.00	22.00	1.00	0	0
1599.	Phosphorus, Diss. 365.1	15.00	20.00	5.00	9	45
1600.	Phosphorus, Total 365.1	15.75	20.00	4.25	0	0
1601.	Potassium 200.7	12.60	13.25	.65	1	1
1602.	Selenium 200.8	17.85	18.75	.90	1	1
1603.	Selenium / Hydride - AA	40.00	42.00	2.00	0	0
1604.	Silica 370.1	15.75	16.50	.75	42	32
1605.	Silver 200.8	17.85	18.75	.90	1	1
1606.	Sodium 200.7	12.60	13.25	.65	1	1
1607.	Solids, Total Dissolved (TDS) SM 3540C	15.75	16.50	.75	115	86
1608.	Solids, Total Suspended (TSS) 160.2	13.65	14.35	.70	115	80
1609.	Solids, Settable (SS) 160.5	13.65	14.35	.70	0	0
1610.	Solids, Total Volatile 160.4	15.75	16.50	.75	0	0
1611.	Solids, Percent	13.65	14.35	.70	0	0
1612.	Solids, Residual Suspended 160.1	26.25	27.50	1.25	0	0
1613.	Specific Conductance 120.1	9.45	10.00	.55	0	0
1614.	Surfactants SM 5540C	63.00	66.00	3.00	0	0
1615.	Sulfate 300.0 375.2	15.75	16.50	.75	77	58
1616.	Sulfide 376.2	42.00	44.00	2.00	16	32
1617.	Thallium 200.8	17.85	18.75	.90	0	0
1618.	Tin 200.7	17.85	18.75	.90	0	0
1619.	Turbidity 180.1	10.50	11.00	.50	0	0
1620.	Vanadium 200.8	12.60	13.25	.65	0	0
1621.	Zinc 200.8	12.60	13.25	.65	2	1
1622.	Zirconium 200.8	17.85	18.75	.90	0	0
Inorganic Chemistry Groups:						
1623.	Type C-2 - Partial Chemistry (12 Major Anions/Cations)	80.85	85.00	4.15	370	1,536
Metals Tests Groups:						
1624.	Hazardous Waste, Solids, Sediment, Soil	16.80	17.70	.90	0	0
1625.	Sample preparation	21.00	22.00	1.00	0	0
1626.	Type FM-3 - Dissolved metals (12 20 Metals - No Digestion)	152.25	160.00	7.75	160	1,240
1627.	Type FM-4 Surface Water Filtered (minerals and hardness)	48.00	50.00	2.00	115	230

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Metals Tests Groups:						
1628.	Type M-9 Surface Water (5 metals)	88.00	92.00	4.00	0	0
1629.	Type M-7 - Total Metals In Water (12 13 Metals - Digested)	204.75	215.00	10.25	20	205
Nutrient Tests Groups:						
1630.	Type N-2 Surface Water (totals) (2 tests)	35.00	36.75	1.75	375	656
1631.	Type N-3 Surface Water (totals) (3 tests)	47.00	50.00	3.00	18	54
1632.	Type N-4 Surface Water (totals) (3 tests)	43.00	45.00	2.00	162	324
1633.	Type N-6 Surface Water (totals) (2 tests)	27.00	28.00	1.00	0	0
1634.	FN-9 Type 9 - 4 parameters	28.35	30.00	1.65	378	624
Hazardous Waste Organics Tests						
1635.	BTEXN (Benzene, Toluene, Ethylbenzene, Xylene, Napthalene)	78.75	83.00	4.25	0	0
1636.	EPA 8020 (BTEXN soil)	78.75	83.00	4.25	0	0
1637.	Chlorinated Pesticides (Soil) 8082	210.00	220.00	10.00	0	0
1638.	Chlorinated Acid Herbicides (Soil) 8150	315.00	331.00	16.00	0	0
1639.	EPA 8270 Semi Volatiles	472.50	472.50	0.00	0	0
1640.	EPA 8260 (VOCs)	210.00	220.50	10.50	0	0
1641.	Ethylene Glycol in Water SHL Method	78.75	78.75	0.00	0	0
1642.	Aldehydes (Air) TO-11	89.25	0.00	-89.25	0	0
1643.	Oil and Grease 1664	105.00	110.00	5.00	0	0
1644.	EPA 8082 PCBs	183.75	202.00	18.25	6	110
1645.	PCBs in oil	131.25	0.00	-131.25	0	0
1646.	PCE EPA 524.2	78.75	83.00	4.25	3	13
1647.	EPA Method 625 Base/Neutral Acids by GC/MS	420.00	441.00	21.00	0	0
1648.	Total Organic Carbon (TOC) SM 5310B	21.00	22.00	1.00	0	0
1649.	Total Petroleum Hydrocarbons (non-BTEX) 8015	131.25	138.00	6.75	0	0
1650.	Volatiles (Purgeables - EPA Method 624)	210.00	220.50	10.50	0	0
1651.	EPA Method 8270 Semivolatiles (A/B/Na) by GC/MS	420.00	441.00	21.00	0	0
1652.	Unregulated Contaminant Monitoring Regulation I (UCMR I)	682.50	716.60	34.10	0	0
1653.	TCLP - Extraction procedure EPA SW - 1311	105.00	110.25	5.25	0	0
1654.	TCLP Zero Headspace Extraction (ZHE) EPA SW 846 - 1311	168.00	176.40	8.40	0	0
1655.	Periphyton	51.50	54.00	2.50	71	178
Radiochemistry						
1656.	Gross alpha or beta	63.00	66.00	3.00	75	225

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Radiochemistry						
1657.	Gross alpha and beta	63.00	66.00	3.00	0	0
1658.	Radium226, (Deemanation)	131.25	138.00	6.75	0	0
1659.	Radium228, (ppt/separation)	162.75	171.00	8.25	215	1,774
1660.	Uranium (Total Activity)	105.00	110.00	5.00	0	0
1661.	Uranium (ICP/MS)	52.50	55.00	2.50	0	0
1662.	Radon by Liquid Scintillation	68.25	72.00	3.75	0	0
1663.	Tritium	84.00	88.00	4.00	0	0
1664.	Gamma Spectroscopy By HPGe (water and solid samples)	157.50	165.00	7.50	0	0
Analysis includes nuclide identification and quantitation, per nuclide.						
Water Bacteriology						
1665.	Swimming pool bacteriology (MF and HPC)	26.25	27.50	1.25	80	100
1666.	Polluted water bacteriology per parameter	15.75	16.50	.75	0	0
1667.	Environmental legionella (liter of water) 9260J	52.50	55.00	2.50	216	540
Drinking Water Microbiology						
1668.	Aeromonas 1605	52.50	55.00	2.50	0	0
1669.	Colilert E. Coli 9223B	15.75	16.50	.75	3,100	2,325
Cryptosporidium and Giarrdia						
1670.	Method 1623 analysis	315.00	330.75	15.75	10	158
1671.	Filter	105.00	105.00	0.00	0	0
1672.	Additional Cryptosporidium and Giarrdia slides	0.00	30.00	30.00	0	0
1673.	MPA	236.50	236.50	0.00	0	0
1674.	Bacillus subtilis	26.25	27.50	1.25	0	0
1675.	PFGE	31.50	33.00	1.50	0	0
Alliance Testing						
Cryptosporidium and Giarrdia						
1676.	Protozoa 1623	210.00	220.00	10.00	70	700
1677.	Protozoa M	300.00	315.00	15.00	3	45
1678.	Additional Cryptosporidium and Giarrdia slides	0.00	30.00	30.00	0	0
1679.	Filter	100.00	100.00	0.00	0	0
1680.	UV Absorbtion SM 5910B	15.00	15.75	.75	81	61
1681.	TOC SM 5310B	15.00	15.75	.75	163	122
1682.	THMs EPA Method 524.2	37.50	40.00	2.50	71	178
1683.	Haloacetic Acids Method 6251B	87.55	92.00	4.45	74	329
1684.	Alkalinity (total) SM 2320B	9.45	10.00	.55	65	36
1685.	Taste and Odor Method 525.2	175.00	183.75	8.75	13	114

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Alliance Testing					
	Cryptosporidium and Giarrdia					
1686.	Bromate	25.75	27.00	1.25	0	0
1687.	Bromide	25.00	16.25	-8.75	0	0
1688.	Chlorate	15.00	15.75	.75	0	0
1689.	Chlorite	15.00	15.75	.75	0	0
	UCMR2					
	List 1					
1690.	EPA Method 525.2 (Acetanilide Pesticides)	200.00	200.00	0.00	0	0
1691.	EPA Method 527 (Polyrominated diphenyl)	275.00	275.00	0.00	0	0
1692.	EPA Method 529 (Explosives)	275.00	275.00	0.00	0	0
	Toxicology					
1693.	Alcohol and other volatiles	61.00	61.00	0.00	0	0
1694.	Prescription Drug Screen (22-drug panel)	41.00	41.00	0.00	0	0
1695.	Prescription Drug Confirmation by GC/MS (per ACID/Neutral drug)	106.00	106.00	0.00	0	0
1696.	Prescription Drug Confirmation by GC/MS (per BASE drug)	54.00	54.00	0.00	0	0
1697.	Drugs of Abuse Screen (Meth, THC, Cocaine, Heroin)	49.00	49.00	0.00	0	0
1698.	Drugs of Abuse Confirmation (Meth)	110.00	110.00	0.00	0	0
1699.	Drugs of Abuse Confirmation (THC)	87.00	87.00	0.00	0	0
1700.	Drugs of Abuse Confirmation (Cocaine)	113.00	113.00	0.00	0	0
1701.	Drugs of Abuse Confirmation (Heroin)	143.00	143.00	0.00	0	0
1702.	Expert testimony (portal to portal), per hour	78.75	0.00	-78.75	0	0
1703.	Administrative retrieval and copy fee (1 - 15)	15.00	0.00	-15.00	0	0
	Copy Fee					
1704.	case file report - each additional copy	1.00	0.00	-1.00	0	0
	Subtotal, Chemical and Environmental Services					\$22,698
	Health - Epidemiology & Lab Services - Laboratory Improvement					
	Environmental Laboratory Certification					
	Annual certification fee (chemistry and/or microbiology)					
1705.	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.	0.00	0.00	0.00	0	0
1706.	Utah laboratories	525.00	550.00	25.00	41	1,025
1707.	Out of state laboratories (plus travel expenses)	6,825.00	7,200.00	375.00	11	4,125
1708.	NELAP recognition fee	735.00	770.00	35.00	48	1,680

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Environmental Laboratory Certification					
1709.	Certification change fee	63.00	70.00	7.00	4	28
	Safe Drinking Water by Analyte and Method					
1710.	Microbiological - Each Method	47.25	50.00	2.75	99	272
	Inorganic test procedure each method					
1711.	Group I	26.25	28.00	1.75	752	1,316
1712.	Group II	31.50	33.00	1.50	249	374
1713.	Group III	0.00	54.00	54.00	0	0
	Miscellaneous each method					
1714.	Group I	26.25	28.00	1.75	27	47
1715.	Group II	31.50	33.00	1.50	79	119
1716.	Group III	26.25	28.00	1.75	39	68
	Organic Compounds each method					
1717.	Group I	63.00	68.00	5.00	14	70
1718.	Group II	78.75	85.00	6.25	30	188
1719.	Group III	89.25	155.00	65.75	30	1,973
1720.	Group IV	168.00	185.00	17.00	5	85
1721.	Radiological each method	31.50	33.00	1.50	143	215
	Clean Water by Analyte and Method					
1722.	Microbiological each method	47.25	50.00	2.75	49	135
1723.	Toxicity Testing	183.75	195.00	11.25	18	203
	Inorganic test procedure each method					
1724.	Group I	26.25	28.00	1.75	1,885	3,299
1725.	Group II	31.50	33.00	1.50	168	252
1726.	Group III	36.75	40.00	3.25	55	179
	Organic Compounds each method					
1727.	Group I	78.75	85.00	6.25	55	344
1728.	Group II	147.00	155.00	8.00	1	8
1729.	Group III	173.25	185.00	11.75	43	505
1730.	Radiological each method	36.75	40.00	3.25	73	237
	RCRA by Analyte and Method					
1731.	Microbiological each method	47.25	50.00	2.75	1	3
	Inorganic test procedure each method					
1732.	Group I	26.25	28.00	1.75	1,662	2,909
1733.	Group II	31.50	33.00	1.50	154	231
	Miscellaneous Groups each method					
1734.	Group I	26.25	28.00	1.75	214	375
1735.	Group II	31.50	33.00	1.50	9	14

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Environmental Laboratory Certification						
RCRA by Analyte and Method						
Miscellaneous Groups each method						
1736.	Group III	36.75	40.00	3.25	50	163
1737.	Group IV	42.00	45.00	3.00	46	138
1738.	Radiological each method	36.75	40.00	3.25	69	224
1739.	Hazardous Waste Characteristics each method	42.00	45.00	3.00	107	321
Sample Extraction Procedures each method						
1740.	Group I	36.75	40.00	3.25	447	1,453
1741.	Group II	31.50	33.00	1.50	287	431
1742.	Group III	78.75	85.00	6.25	154	963
1743.	Group IV	0.00	27.00	27.00	1	27
Organic Compounds each method						
1744.	Group I	78.75	85.00	6.25	246	1,538
1745.	Group II	89.25	155.00	65.75	16	1,052
1746.	Group III	147.00	185.00	38.00	82	3,116
1747.	Performance Based Method	500.00	550.00	50.00	1	50
Each individual analyte by each specific method						
1748.	Travel expenses reimbursement for out of state environmental laboratory certifications - Cost Recovery	0.00	0.00	0.00	0	0
Permits for authorized individuals to withdraw blood for the purpose of determining alcohol or drug content.						
1749.	Triennial fee	31.50	33.00	1.50	205	308
Impounded Animals Use Certification						
1750.	Annual fee	315.00	400.00	85.00	1	85
Subtotal, Laboratory Improvement						\$30,141
Health - Epidemiology & Lab Services - Microbiology						
Immunology						
1751.	Hepatitis B Surface Antigen(HBsAg)	11.50	12.00	.50	1,100	550
1752.	Hepatitis B Surface Antibody (HBsAb)	17.50	18.40	.90	1,600	1,440
1753.	Hepatitis C HVC Antibody	21.00	22.00	1.00	600	600
1754.	HIV-1 - Antibody	15.00	10.00	-5.00	4,000	-20,000
1755.	HIV-1 - Confirmation (Western Blot Serum)	45.00	45.00	0.00	0	0
(Note: this is for a Western Blot only, a reactive EIA is not required)						
1756.	HIV-1 - Orasure	15.00	15.75	.75	4,000	3,000
1757.	HIV-1-Orasure Confirmation by Western Blot	0.00	50.00	50.00	0	0
1758.	Hantavirus	45.00	48.00	3.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Immunology					
1759.	Syphilis RPR	7.00	7.50	.50	6,000	3,000
1760.	Syphilis FTA	11.50	12.00	.50	0	0
1761.	HIV- testimony per hour	105.00	105.00	0.00	0	0
1762.	Chain of Custody sample surcharge	16.50	20.00	3.50	180	630
1763.	Samples for research	10.00	10.00	0.00	0	0
1764.	Sample for Research Involving PFGE Data	0.00	23.00	23.00	0	0
	Virology					
1765.	Herpes culture screen	12.00	12.60	.60	0	0
1766.	Herpes Typing	18.00	19.00	1.00	0	0
1767.	Rabies (mice, squirrels)	85.00	85.00	0.00	0	0
1768.	CMV culture	12.00	13.00	1.00	0	0
1769.	Chlamydia unpooled amplified test	17.00	24.15	7.15	0	0
1770.	Gonorrhea unpooled amplified test	17.00	24.15	7.15	0	0
1771.	GC and CT unpooled amplified test	23.00	24.15	1.15	10,335	11,885
1772.	DFA for Respiratory Illness	12.00	15.00	3.00	0	0
1773.	DFA for Chicken Pox	12.00	15.00	3.00	0	0
	Bacteriology					
	Clinical					
1774.	TB (bone marrow and blood samples only)	20.00	21.00	1.00	3	3
1775.	Direct TB test	320.00	336.00	16.00	0	0
1776.	Mycobacteria Identification	0.00	25.00	25.00	0	0
1777.	Cultural, Organism	15.00	15.75	.75	7	5
1778.	Culture of Organism Special Media	20.00	21.00	1.00	0	0
1779.	Escherichia coli STEC (Shigotoxin E.coli)	55.00	57.75	2.75	0	0
1780.	Botulism Culture & Toxin (Stool)	380.00	400.00	20.00	0	0
1781.	Botulism Toxin Characterization (Stool)	200.00	210.00	10.00	0	0
1782.	Botulism Culture Characterization (Serum)	175.00	184.00	9.00	0	0
1783.	Legionella Culture & ID / Sample	35.00	36.75	1.75	0	0
1784.	Giardia/Cryptosporidium EIA	24.00	25.50	1.50	3	5
1785.	ID by Sequencing	130.00	136.50	6.50	0	0
1786.	Quantiferon	40.00	42.00	2.00	1,017	2,034
	Food Microbiology					
1787.	Total and fecal coliform	25.00	26.25	1.25	0	0
1788.	Plate count, per dilution	17.00	17.85	.85	0	0
1789.	pH and water activity	17.00	17.85	.85	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Bacteriology						
Food Microbiology						
1790.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus culture	82.00	86.10	4.10	0	0
1791.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus toxin assay	290.00	304.50	14.50	0	0
1792.	Salmonella isolation and speciation	220.00	231.00	11.00	0	0
1793.	Shigella isolation and speciation	55.00	57.75	2.75	0	0
1794.	Campylobacter isolation and speciation	70.00	73.50	3.50	0	0
1795.	Listeria isolation and speciation	150.00	157.50	7.50	0	0
1796.	E. coli O157:H7 or Shigatoxin producing organism workup	100.00	105.00	5.00	0	0
1797.	Botulism toxin assay one food	135.00	141.75	6.75	0	0
1798.	Botulism toxin assay each additional food item	20.00	21.00	1.00	0	0
1799.	Environmental swab	20.00	21.00	1.00	0	0
1800.	Coliform count	25.00	26.25	1.25	0	0
Newborn Screening:						
1801.	Routine first and follow-up screening	75.00	91.00	16.00	57,000	912,000
1802.	Diet Monitoring	7.35	7.70	.35	0	0
Molecular Biology						
1803.	Bordetella pertussis by PCR	42.00	44.10	2.10	0	0
1804.	Norwalk Virus by PCR (single sample)	130.00	136.50	6.50	0	0
1805.	Norwalk Virus by PCR (4 or more samples)	0.00	75.00	75.00	0	0
Price for one sample is \$75.00 if at least 4 samples are submitted						
1806.	Chlamydia pneumoniae by PCR	150.00	0.00	-150.00	0	0
1807.	Mycoplasma pneumoniae by PCR	150.00	0.00	-150.00	0	0
1808.	Multi-Orthopox PCR	150.00	157.50	7.50	0	0
1809.	Small Pox only Rule-in PCR	75.00	78.75	3.75	0	0
1810.	V2V Chicken Pox PCR	75.00	78.75	3.75	0	0
1811.	Influenza A & B PCR	75.00	78.75	3.75	0	0
1812.	Influenza A subtyping for H1, H3, H5	175.00	183.75	8.75	0	0
1813.	WNV/SLE/WEE PCR	75.00	78.75	3.75	0	0
1814.	Human WNV ELISA serum (IM screened by EPI)	35.00	36.75	1.75	0	0
1815.	Human WNV IgM (not screened by EPI)	0.00	75.00	75.00	0	0
Bioterrorism (non-Epidemiology Screened)						
1816.	Stat Environmental and powder by molecular methods	375.00	800.00	425.00	0	0
all agents by molecular methods						

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Bacteriology						
Bioterrorism (non-Epidemiology Screened)						
1817.	Non-Stat Environmental and/or Powder all agents by Culture only	30.00	31.50	1.50	0	0
1818.	Non-Stat Environmental and/or Powder Ricin & Staph enterotoxin B	50.00	52.50	2.50	0	0
1819.	Stat Work-up for one BT agent-Molecular Method per Agent	65.00	68.25	3.25	0	0
1820.	Research Multiplex Viral Respiratory Panel	0.00	300.00	300.00	0	0
Has 12 Viruses						
Subtotal, Microbiology						\$915,152
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
<p>The Laboratory performs a variety of tests under contract and in volume to other agencies of government. The charge for these services is determined according to the type of services and the test volume, and is based on the cost to the Laboratory and therefore may be lower than the fee schedule. Because of changing needs, the Laboratory receives requests for new tests or services that are impossible to anticipate and list fully in a standard fee schedule. Charges for these services are authorized and are to be based on costs.</p>						
Subtotal, Communicable Disease Control						\$0
Health - Community and Family Health Services - Director's Office						
Utah Statewide Immunization Information System (USIIS)						
Non-Financial Contributing Partner						
1829.	Match on Immunization Records in Database, per record	12.00	12.00	0.00	0	0
1830.	File Format Conversion, per hour	30.00	30.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
Utah Statewide Immunization Information System (USIIS)						
Financial Contributing Partners						
1831.	Match on Immunization Records in Database, per record	12.00	12.00	0.00	0	0
If the partner's financial contribution is more than or equal to the number of records to be matched multiplied by \$12.00, then the partner shall not have to pay the fee.						
Subtotal, Director's Office						\$0
Health - Community and Family Health Services - Health Promotion						
Healthy Communities Initiative: A HEALTHIER YOU						
Legacy Awards Program						
1832.	Community Application Processing Fee	0.00	35.00	35.00	10	350
Baby Your Baby Program						
Health Keepsake books						
Non-adapted version						
1833.	Price per copy based on quantity - \$4.00 to \$5.00	0.00	5.00	5.00	597	2,985
Adapted version						
1834.	Price per copy based on quantity - \$3.00 to \$6.50	0.00	6.50	6.50	310	2,015
Subtotal, Health Promotion						\$5,350
Health - Community and Family Health Services - Children with Special Health Care Needs						
1835.	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						
1836.	99201 Problem focused, straightforward	41.00	44.00	3.00	3	9
1837.	99202 Expanded problem, straightforward	54.00	76.00	22.00	111	2,442
1838.	99203 Detailed, low complexity	83.00	112.00	29.00	155	4,495
1839.	99204 Comprehensive, Moderate complexity	123.00	172.00	49.00	593	29,057
1840.	99205 Comprehensive, high complexity	163.00	217.00	54.00	199	10,746
Office Visit, Established Patient						
1841.	99211 Minimal Service or non-MD	17.00	24.00	7.00	9	63
1842.	99212 Problem focused, straightforward	37.00	45.00	8.00	322	2,576
1843.	99213 Expanded problem, low complexity	51.00	74.00	23.00	342	7,866
1844.	99214 Detailed, moderate complexity	68.00	111.00	43.00	555	23,865
1845.	99215 Comprehensive, high complexity	109.00	151.00	42.00	988	41,496

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Office Consultation, New or Established Patient					
1846.	99242 Expanded problem focused, straightforward	80.00	110.00	30.00	62	1,860
1847.	99243 Detailed exam, low complexity	107.00	151.00	44.00	629	27,676
1848.	99244 Comprehensive, moderate complexity	158.00	223.00	65.00	210	13,650
1849.	99245 Comprehensive, high complexity	210.00	275.00	65.00	116	7,540
1850.	99354 Prolonged, face to face, first hour	77.00	114.00	37.00	22	814
1851.	99355 Prolonged, face to face, additional 30 minutes	77.00	112.00	35.00	3	105
1852.	99358 Prolonged, non face to face, first hour	89.00	93.00	4.00	1,100	4,400
1853.	99359 Prolonged, non face to face, additional 30 minutes	49.00	51.00	2.00	989	1,978
1854.	99361 Medical team conference, 30 min.	63.00	63.00	0.00	0	0
1855.	99362 Medical team conference, 60 min.	124.00	124.00	0.00	0	0
1856.	99371 Telephone Consultation, low complexity	16.00	16.00	0.00	0	0
1857.	99372 Telephone Consultation, intermediate	22.00	22.00	0.00	0	0
1858.	99373 Telephone Consultation, complex or lengthy	44.00	44.00	0.00	0	0
1859.	99375 Physician Supervision, 30 minutes or more	63.00	63.00	0.00	0	0
	Nutrition					
1860.	97802 Nutrition Assessment	22.00	22.00	0.00	0	0
1861.	97803 Nutrition Reassessment	22.00	22.00	0.00	0	0
	Psychology					
1862.	96101 Psychological Testing	136.00	136.00	0.00	0	0
1863.	96110 Developmental Testing	64.00	64.00	0.00	0	0
1864.	96111 Extended Developmental Testing	60.00	60.00	0.00	0	0
1865.	90801 Diagnostic Exam, per hour	130.00	160.00	30.00	418	12,540
1866.	90801-52 Diagnostic Exam, per hour, Reduced Procedures	65.00	80.00	15.00	382	5,730
1867.	90802 Interactive Psychiatric Exam	130.00	160.00	30.00	21	630
1868.	90804 Psychotherapy, face to face, 20-30 minutes	66.00	68.00	2.00	382	764
1869.	90846 Family Med Psychotherapy, w/o 30 minutes	66.00	90.00	24.00	8	192
1870.	90847 Family Med Psychotherapy, conjoint 30 minutes	130.00	130.00	0.00	0	0
1871.	90882 Environmental Intervention w/Agencies, Employers, etc.	49.00	49.00	0.00	0	0
1872.	90882-52 Environmental Intervention Reduced Procedures	23.00	23.00	0.00	0	0
1873.	90885 Evaluation of hospital records	37.00	40.00	3.00	51	153
1874.	90889 Preparation of reports	39.00	40.00	1.00	141	141

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Physical and Occupational Therapy					
1875.	97001 Physical Therapy Evaluation	45.00	84.00	39.00	196	7,644
1876.	97002 Physical Therapy Re-evaluation	36.00	45.00	9.00	92	828
1877.	97003 Occupational Therapy Evaluation	61.00	90.00	29.00	399	11,571
1878.	97004 Occupational Therapy Re-evaluation	37.00	52.00	15.00	117	1,755
1879.	97110 Therapeutic Physical Therapy	24.00	33.00	9.00	6	54
1880.	G9012 Wheelchair Measurement / Fitting	312.00	312.00	0.00	0	0
	Speech					
1881.	92506 Speech Basic Assessment	102.00	170.00	68.00	207	14,076
1882.	92506-22 Speech Assessment, unusual procedures	151.00	151.00	0.00	0	0
1883.	92506-52 Speech Assessment, reduced procedures	53.00	53.00	0.00	0	0
	Ophthalmology					
1884.	92002 Exam & Evaluation, intermediate, new patient	55.00	81.00	26.00	332	8,632
1885.	92012 Exam & evaluation, intermediate, established patient	50.00	85.00	35.00	504	17,640
1886.	92015 Determination of refractive state	27.00	51.00	24.00	457	10,968
	Audiology					
1887.	92285 Photoscreen	26.00	48.00	22.00	109	2,398
1888.	92551 Audiometry, Pure Tone Screen	33.00	33.00	0.00	0	0
1889.	92552 Audiometry, Pure Tone Threshold	36.00	36.00	0.00	0	0
1890.	92553 Audiometry, Air and Bone	44.00	44.00	0.00	0	0
1891.	92555 Speech Audiometry threshold testing	28.00	28.00	0.00	0	0
1892.	92556 Speech Audiometry threshold/speech recognition testing	40.00	40.00	0.00	0	0
1893.	92557 Basic Comprehension, Audiometry	80.00	80.00	0.00	0	0
1894.	92567 Tympanometry	19.00	26.00	7.00	1,877	13,139
1895.	92579 Visual reinforcement audiometry	35.00	57.00	22.00	674	14,828
1896.	92579-52 Visual reinforcement audiometry, limited	31.00	47.00	16.00	202	3,232
1897.	92582 Conditioning Play Audiometry	80.00	80.00	0.00	0	0
1898.	92587 Evoked Otoacoustic emissions testing	42.00	53.00	11.00	193	2,123
1899.	92591 Hearing Aid Exam, Binaural	108.00	108.00	0.00	0	0
1900.	92596 Ear Mold	84.00	84.00	0.00	0	0
1901.	92592-52 Hearing aid check, monaural	31.00	31.00	0.00	0	0
1902.	92593-52 Hearing aid check, binaural	44.00	44.00	0.00	0	0
1903.	92620 Evaluation of Central Auditory Function	87.00	87.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

		Old Fee	New Fee	Fee Change	Quantity	Rev Chg
	Audiology					
1904.	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					
1905.	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					\$309,676
	Health - Health Care Financing - Contracts					
	PCN Client Enrollment Fee					
1906.	Over 50 % of Poverty Level (annual fee per person or married couple.)	50.00	50.00	0.00	0	0
1907.	Under 50 % of Poverty Level (annual fee per person or married couple.)	25.00	25.00	0.00	0	0
1908.	General Assistance Enrollees (annual fee per person or married couple.)	15.00	15.00	0.00	0	0
	Subtotal, Contracts					\$0
	Health - Children's Health Insurance Program					
	CHIP Quarterly Premium					
1909.	PLAN B (100%-150% of Poverty Level)	30.00	30.00	0.00	0	0
1910.	Plan C (150%-200% of Poverty Level)	60.00	60.00	0.00	0	0
1911.	Late Fee	0.00	15.00	15.00	3,400	51,000
	Subtotal, Children's Health Insurance Program					\$51,000
	Human Services - Executive Director Operations - Office of Licensing					
1912.	Initial license	300.00	300.00	0.00	0	0
	Any new program except comprehensive mental health or substance abuse.					
1913.	Adult Day Care (0-50 consumers per program)	100.00	100.00	0.00	0	0
1914.	Adult Day Care (More than 50 consumers per program)	200.00	200.00	0.00	0	0
1915.	Adult Day Care per consumers capacity	3.00	3.00	0.00	0	0
1916.	Child Placing	250.00	250.00	0.00	0	0
1917.	Day Treatment	150.00	150.00	0.00	0	0
1918.	Outpatient Treatment	100.00	100.00	0.00	0	0
1919.	Residential Support	100.00	100.00	0.00	0	0
1920.	Residential Treatment	200.00	200.00	0.00	0	0
1921.	Residential Treatment per consumer capacity	3.00	3.00	0.00	0	0
1922.	Social Detoxification	200.00	200.00	0.00	0	0

Joint Appropriations Subcommittee for Health & Human Services

	Old Fee	New Fee	Fee Change	Quantity	Rev Chg
1923. Life Safety Pre-inspection	200.00	200.00	0.00	0	0
1924. Outdoor Youth Program	300.00	300.00	0.00	0	0
1925. Outdoor Youth per consumer capacity	5.00	5.00	0.00	0	0
1926. FBI Fingerprint Check (Hard Copy)	30.25	30.25	0.00	0	0
Passed Through to the FBI					
1927. FBI Fingerprint Check (Live Scan)	34.25	34.25	0.00	0	0
Passed Through to the FBI					
1928. Intermediate Secure Treatment	250.00	250.00	0.00	0	0
1929. Intermediate Secure Treatment per consumer capacity	3.00	3.00	0.00	0	0
1930. Therapeutic School Program	200.00	200.00	0.00	0	0
1931. Therapeutic School Program per consumer capacity	3.00	3.00	0.00	0	0
Subtotal, Office of Licensing					\$0
Human Services - Substance Abuse & Mental Health - Administration					
1932. Alcoholic Beverage Server Fee - On Premise Sales	2.50	2.50	0.00	0	0
1933. Alcoholic Beverage Server - Off Premise Sales	3.50	3.50	0.00	0	0
Subtotal, Administration					\$0
Human Services - Office of Recovery Services - Financial Services					
1934. Credit Card Convenience Fees	5.00	5.00	0.00	0	0
Subtotal, Financial Services					\$0
Subtotal, Health & Human Services					\$2,236,278