FEES IN THE DEPARTMENT OF HEALTH

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
STAFF: RUSSELL FRANDSEN

ISSUE BRIEF

SUMMARY

In accordance with UCA 63J-1-504, requiring the agency to "submit its fee schedule . . . to the Legislature for its approval on an annual basis," the following fees (included in this brief) are proposed for the services of the Department of Health in FY 2015. These fees will generate revenue of approximately $13,368,300 in FY 2015. This represents less than 1% of all the estimated funding for the Department of Health for FY 2015. The Analyst recommends that the Subcommittee approve these proposed fees.

LEGISLATIVE ACTION

The Fiscal Analyst recommends the Subcommittee, after review and any adjustments, adopt the fee schedule that begins on page 2. UCA 63J-1-504 states, "the Legislature may approve, increase or decrease and approve, or reject any fee."

DISCUSSION AND ANALYSIS

Fee Increases

The total increase in fees for the Department of Health is estimated at $1,090,800 or 9%. Action taken by the Social Services Appropriations Subcommittee during 2014 prior to this issue brief, accounts for $214,700 or 20% of the increase. Some of the change in revenue from fees is from a more accurate system for estimating quantities of each fee, rather than an actual fee increase.

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.

The Department held a public hearing on its proposed fees on September 18, 2013. One member of the public attended and no input was received regarding the Departments' fees.

New Fees

The Department of Health made a number of changes to its proposed fees:

- **Laboratory certification program fees** – several new fees estimated to bring in new revenue of $322,100.
- **Center for health data** – increased and one new fee to bring in new revenues of $202,300.
- **Updated clinical codes** – for fees related to medical services, these fees are updated annually to match the billing codes used in the private sector.

Fee Changes

1. **Increased fees** – increases due to transportation costs, prevailing rate in the community, and federal adjustment of some fees for inflation.
2. **Newborn Metabolic Screening Kit Fees** –increase of $0.80 for test for newborns. This fee increase generates $42,400 in new fee revenue.

UTAH DEPARTMENT OF HEALTH
Division of Family Health and Preparedness

2014

Sliding Fee Schedule and CHIP

Monthly Income Ranges

Patient's Financial Responsibility (PFR)	0% 0%Y	0% 0%Y	20% 0%N	40% 0%N	60% 60%N	100% 100%N	
% of Federal Poverty Guideline	100%	0% to 133%	133% to 150%	150% to 185%	185% to 225%	>225%	**CHIP* 200%**
Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	**Monthly Income**
1	$972.50	$0.00 to $1,293.43	$1,293.44 to $1,458.75	$1,458.76 to $1,799.13	$1,799.14 to $2,188.13	$2,188.14 and up	**$1,945.00**
2	$1,310.83	$0.00 to $1,743.41	$1,743.42 to $1,966.25	$1,966.26 to $2,425.04	$2,425.05 to $2,949.38	$2,949.39 and up	**$2,621.67**
3	$1,649.17	$0.00 to $2,193.39	$2,193.40 to $2,473.75	$2,473.76 to $3,050.96	$3,050.97 to $3,710.63	$3,710.64 and up	**$3,298.33**
4	$1,987.50	$0.00 to $2,643.38	$2,643.39 to $2,981.25	$2,981.26 to $3,676.88	$3,676.89 to $4,471.88	$4,471.89 and up	**$3,975.00**
5	$2,325.83	$0.00 to $3,093.36	$3,093.37 to $3,488.75	$3,488.76 to $4,302.79	$4,302.80 to $5,233.13	$5,233.14 and up	**$4,651.67**
6	$2,664.17	$0.00 to $3,543.34	$3,543.35 to $3,996.25	$3,996.26 to $4,928.71	$4,928.72 to $5,994.38	$5,994.39 and up	**$5,328.33**
7	$3,002.50	$0.00 to $3,993.33	$3,993.34 to $4,503.75	$4,503.76 to $5,554.63	$5,554.64 to $6,755.63	$6,755.64 and up	**$6,005.00**
8	$3,340.83	$0.00 to $4,443.31	$4,443.32 to $5,011.25	$5,011.26 to $6,180.54	$6,180.55 to $7,516.88	$7,516.89 and up	**$6,681.67**
Each Additional Family Member	$338.33	$449.98	$507.50	$625.92	$761.25	$761.25	**$676.67**

NOTE: This DFHP schedule is based on the Federal Poverty Guidelines scheduled to be published in the Federal Register January 26, 2014. http://aspe.hhs.gov/poverty/14poverty.cfm When new poverty guidelines are published, the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.

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

Prepared by: DFHP Financial Resources - Central Billing Office (CBO) 01/26/2014

UTAH DEPARTMENT OF HEALTH

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee $	Auth #	New Fee $	New #	Incr. Fee $	Incr. Quant.	Per
LEC	145	Solid and Hazardous Waste Organics Tests	Hazardous Metals				Toxicity Characteristic Leaching Procedure Environmental Protection Agency Solid Waste 1311 Metals	Eight (8) Hazardous Metals	110.25	0	110.25	0	-	-	Unit
LEC	146			Environmental Protection Agency Method 6010			Arsenic		13.25	0	13.25	0	-	-	Unit
LEC	147						Barium		13.25	0	13.25	0	-	-	Unit
LEC	148						Cadmium		13.25	0	13.25	0	-	-	Unit
LEC	149						Chromium		13.25	0	13.25	0	-	-	Unit
LEC	150						Lead		13.25	0	13.25	0	-	-	Unit
LEC	151						Mercury		13.25	0	13.25	0	-	-	Unit
LEC	152						Selenium		13.25	0	13.25	0	-	-	Unit
LEC	153						Silver		13.25	0	13.25	0	-	-	Unit
LEC	154						Beryllium		13.25	0	13.25	0	-	-	Unit
LEC	155						Nickel		13.25	0	13.25	0	-	-	Unit
LEC	156						Antimony		13.25	0	13.25	0	-	-	Unit
LEC	157						Thallium		13.25	0	13.25	0	-	-	Unit
LEC	158						Vanadium		13.25	0	13.25	0	-	-	Unit
LEC	159						Zinc		13.25	0	13.25	0	-	-	Unit
LEC	160			6020			Arsenic		18.75	0	18.75	0	-	-	Unit
LEC	161						Barium		18.75	0	18.75	0	-	-	Unit
LEC	162						Cadmium		18.75	0	18.75	0	-	-	Unit
LEC	163						Chromium		18.75	0	18.75	0	-	-	Unit

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee $	Auth #	New Fee $	New #	Incr. Fee $	Incr. Quant.	Per
LEH	4	Utah Statewide Immuni	Financial Contributin Partners				Match on Immunization Records in Database	If the Partner's financial contribution is more than or equal to the number of records to be matched multiplied by $12.00, then the partner shall not have to pay the fee.	-	0	-	0	-	-	hour
LEH	5						Negative Human Immunodeficiency Virus antibody test	In person notification of an individual	15.00	0	15.00	0	-	-	unit
LEH	6						Fundamentals of Human Immunodeficiency Virus Prevention Counseling Workshops		385.00	0	385.00	0	-	-	unit
LEH	7						Positive/OraQuick/Partner Counseling and Referral Services Workshop		450.00	0	450.00	0	-	-	unit
LEH	8						Human Immunodeficiency Virus 101		40.00	0	40.00	0	-	-	unit
LEH	9						Tuberculosis Skin Testing	Placement and reading	15.00	0	15.00	0	-	-	unit
LEJ	1	Baby Your Baby Program	Health Keepsake books	Non-adapted version			Based on quantity for $4.00 to $5.00		5.00	0	5.00	0	-	-	copy
LEJ	2			Adapted version			Based on quantity for $3.00 to $6.50		6.50	0	6.50	0	-	-	copy
LEK	1	Autopsy					Non-Jurisdictional Case	Plus cost of body transportation	2,500.00	11	2,500.00	11	-	-	unit
LEK	2						External Examination, Non-Jurisdictional Case	Plus transportation	500.00	5	500.00	5	-	-	unit
LEK	3						Use of Medical Examiner facilities and assistants for autopsies		500.00	5	500.00	5	-	-	unit
LEK	4						Use of Medical Examiner facilities and assistants for external exams		300.00	2	300.00	2	-	-	unit

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

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

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

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

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

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

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

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

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

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

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

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

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee $	Auth #	New Fee $	New #	Incr. Fee $	Incr. Quant.	Per
LFG	83	Equipment Delivery					Late	Training supplies, rental of equipment and accessories charge for course supplies and accessories to be based upon most recent acquisition cost plus 20% rounded up to the nearest $0.10 (computed quarterly) Free On Board Salt Lake City, Utah.	10.00	0	10.00	0	-	-	day
LFG	84	Background Checks					Background checks	Name only	30.00	2300	30.00	2300	-	-	unit
LFG	85						Background checks (fingerprints + name)		65.00	700	65.00	700	-	-	unit
LFG	86	Data	Pre-hospital Data				Non-profits Users	Academic, non-profit, and other government users	800.00	5	800.00	5	-	-	unit
LFG	87						For-profit Users		1,600.00	1	1,600.00	1	-	-	unit
LFG	88		Trauma Registry				Non-profits Users	Academic, non-profit, and other government users	800.00	5	800.00	5	-	-	unit
LFG	89						For-profit Users		1,600.00	1	1,600.00	1	-	-	unit
LFH	1	Annual License					Health Facilities base	A base fee for health facilities of $260.00 plus the appropriate fee as indicated below applies to any new or renewal license.	260.00	60	260.00	100	-	40.00	unit
LFH	1						DACS Initial Clearance		-	0	15.00	6000	15.00	6,000.00	unit
LFH	1						DACS Facility Renewal		-	0	200.00	316	200.00	316.00	unit

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

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee $	Auth #	New Fee $	New #	Incr. Fee $	Incr. Quant.	Per
LFH	12						Hospice Agencies		1,495.00	50	1,495.00	57	-	7.00	unit
LFH	13						Home Health Agencies		1,495.00	38	1,495.00	72	-	34.00	unit
LFH	14						Personal Care Agencies		1,000.00	16	1,000.00	47	-	31.00	unit
LFH	15						Mammography Screening Facilities		520.00	6	520.00	10	-	4.00	unit
LFH	16		Assisted Living				Type I		26.00	332	26.00	554	-	222.00	licensed bed
LFH	17						Type II		26.00	1213	26.00	2551	-	1,338.00	licensed bed
LFH	18						The fee for each satellite and branch office of current licensed facility		260.00	125	260.00	200	-	75.00	unit
LFH	19						Background Checks		15.00	25000	15.00	0	-	(25,000.00)	unit
LFH	20	Late Fee					Within 1 to 14 days after expiration of license		-	0	-	0	-	-	unit
LFH	21						Within 15 to 30 days after expiration of license		-	0	-	0	-	-	unit
LFH	22	ange in Ownership					New Provider/Change in Ownership Applications for health care facilities	A $747.50 fee will be assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.	747.50	37	747.50	50	-	13.00	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee $	Auth #	New Fee $	New #	Incr. Fee $	Incr. Quant.	Per
LFH	23	New Provider/Cha					Assisted Living and Small Health Care Type-N (nursing focus) Limited Capacity/Change of Ownership Applications:	A $325.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection. This fee will be due at the time of application.	325.00	100	325.00	100	-	-	unit
LFH	24	nination or Delay	is terminated or delayed during the services rendered will be retained as				Policy and Procedure Review		-	0	-	0	-	-	unit

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

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee $	Auth #	New Fee $	New #	Incr. Fee $	Incr. Quant.	Per
LFH	33	Plan Review and Inspection	Hos	Number of Beds			Over 400, each additional bed	In the case of complex or unusual hospital plans, the Bureau will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.	37.70	0	37.50	0	(0.20)	-	unit
LFH	34		Nursing Care Facilities and Small Health Care				Up to 5		1,118.00	1	1,118.00	0	-	(1.00)	unit
LFH	35						6 to 16		1,716.00	1	1,716.00	0	-	(1.00)	unit
LFH	36						17 to 50		3,900.00	1	3,900.00	4	-	3.00	unit
LFH	37						51 to 100		6,890.00	0	6,890.00	2	-	2.00	unit
LFH	38						101 to 200		8,580.00	0	8,580.00	2	-	2.00	unit
LFH	39						Freestanding Ambulatory Surgical Facilities		1,722.50	10	1,722.50	12	-	2.00	operating room
LFH	40						Other Freestanding Ambulatory Facilities	Includes Birthing Centers, Abortion Clinics, and similar facilities.	442.00	0	442.00	0	-	-	service unit
LFH	41						End Stage Renal Disease Facilities		175.50	20	175.50	84	-	64.00	service unit
LFH	42		ype II				Up to 5		598.00	3	598.00	8	-	5.00	unit
LFH	43						6 to 16		1,196.00	10	1,196.00	8	-	(2.00)	unit
LFH	44						17 to 50		2,762.50	6	2,762.50	6	-	-	unit
LFH	45						51 to 100		5,167.50	2	5,167.50	4	-	2.00	unit

Unit	#	Cat. 1	Cat. 2	Cat. 3	Cat. 4	Cat. 5	Fee Name	Fee Explain*	Auth Fee $	Auth #	New Fee $	New #	Incr. Fee $	Incr. Quant.	Per
LFH	46		Assisted Living Type I and T	Number of Beds			101 to 200	Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost $559.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative.	7,247.50	1	7,247.50	0	-	(1.00)	unit
LFH	47		Remodels of Licensed				Hospitals, Freestanding Surgery Facilities		0.29	300000	0.29	62158	-	(237,842.00)	square foot
LFH	48						All others excluding Home Health Agencies		0.25	25000	0.25	0	-	(25,000.00)	square foot
LFH	49						Each additional required on-site inspection		559.00	20	559.00	25	-	5.00	unit
LFH	50						Other Plan-Review Fee Policies	(see end of sheet)	-	0	-	0	-	-	unit
LFH	51						Health Care Facility Licensing Rules	Plus mailing	-	0	-	0	-	-	unit
LFH	52		Certificate of Authority				Health Maintenance Organization Review of Application		650.00	0	650.00	0	-	-	unit
LFJ	1						Background checks		-	0	15.00	13000	15.00	13,000.00	Unit
LFJ	2	Monitoring ctions					Center-based providers	Charge per extra visit begins with the second additional visit required due to non-compliance.	-	0	253.00	24	253.00	24.00	visit

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LFH #50: If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other info regarding compliance with applicable construction rules, the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be $559.00 per inspection, plus mileage reimbursement at the approved state rate. A facility that uses plans and specifications previously reviewed and approved by the Department will be charged 60 percent of the scheduled plan review fee. Fifty-two cents per square foot will be charged for review of facility additions or remodels that house special equipment such as CAT (Computer Assisted Tomography) scanner or linear accelerator. If a project is terminated or delayed during the plan review process, a fee based on services rendered will be retained as follows: Preliminary drawing review-25% of the total fee. Working drawings and specifications review-80% of the total fee. If the project is delayed beyond 12 months from the date of the State's last review the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.