



FEES IN THE DEPARTMENT OF HEALTH

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
STAFF: RUSSELL FRANSEN

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 2018. These fees will generate revenue of approximately \$18,000,000 in FY 2018 if all fees are used. This represents less than 1% of all the estimated funding for the Department of Health for FY 2018. 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 four. [UCA 63J-1-504](#) states, “the Legislature may approve, increase or decrease and approve, or reject any fee.”

DISCUSSION AND ANALYSIS

Statutory Guidance for Setting Fees

[UCA 63J-1-504](#) states the following for setting fees:

“(2) Each fee agency shall adopt a schedule of fees assessed for services provided by the fee agency that are:

- (a) reasonable, fair, and reflect the cost of services provided; and
- (b) established according to a cost formula determined by the executive director of the Governor's Office of Management and Budget and the director of the Division of Finance in conjunction with the agency seeking to establish the fee.”

“(4) Each fee agency that is proposing a new fee or proposing to change a fee shall:

- (a) present each proposed fee at a public hearing.”

The Department held a public hearing on its proposed fees on October 11, 2016. Twenty-seven Health Department employees and 0 members of the public attended and no input was received regarding the Departments' fees.

Where Does the Department of Health's Fee Revenue Come From?

The Department of Health estimates total revenue of \$17.9 million for FY 2018 from about 1,000 fees. The following 15 fees make up 67% of all the estimated revenue:

1. Newborn screening, laboratory testing and follow-up services - \$5.7 million to test for 38 diseases in 51,000 newborns and to follow up on positive test results
2. Quarterly Premium for Plan C for the Children's Health Insurance Program - \$1.8 million paid by households with incomes from 150% to 200% of the federal poverty limit to have their 17,300 children receive medical insurance
3. Initial copies of birth certificates - \$0.9 million for 45,500 copies
4. Review and authorize cremation - \$0.9 million for the Medical Examiner to allow 8,600 cremations

5. C. trachomatis and N. gonorrhoeae detection by nucleic acid test - \$0.6 million for about 24,600 tests
6. Single tooth extraction - \$0.3 million for 3,200 extractions at the State's dental clinics
7. Quarterly Premium for Plan B for the Children's Health Insurance Program - \$0.2 million paid by households with incomes from 138% to 150% of the federal poverty limit to have their 5,400 children receive medical insurance
8. Hospital license bed two year operating licenses - \$0.2 million for 5,800 beds
9. Background checks for child care workers - \$0.2 million from 14,900 workers
10. Two surface amalgam - \$0.2 million for 2,000 dental fillings at the State's dental clinics
11. Health care facility two year operating licenses - \$0.2 million from 400 facilities
12. Background checks for emergency medical services workers - \$0.2 million from 3,000 workers
13. Practical test for the basic level for emergency medical technicians - \$0.2 million from 3,000 applicants
14. Sealant - \$0.2 million for 4,800 sealants at the State's dental clinics
15. Additional copies of birth certificates - \$0.2 million for 15,900 copies

The first four fees make up 52% of all the estimated revenue from fees. For more information on all of the fees in the Department of Health, please see the interactive tool created by Thomas Young, Office of the Legislative Fiscal Analyst:

https://public.tableau.com/profile/publish/FeesJan52016_0/Dashboard1#!/publish-confirm.

Finance's "Revenues – Cost Formula for Fees" (revised May, 1, 2010), Finance Accounting Policies and Procedures 07-10.00, states "agencies should include direct and indirect costs in their formula." The fees in the Division of Disease Control and Prevention contribute approximately 15% revenues to indirect costs. The following fees helped to cover some indirect administrative costs: newborn screening - laboratory testing and follow-up services, C. trachomatis and N. gonorrhoeae detection by nucleic acid test, and review and authorize cremation.

Fee Increases/Changes

The total net change in fees for the Department of Health due to changes in the fee charged is an estimated increase of \$500,000 for FY 2018. Below are the top five largest projected revenue increases and decreases due to changes in the fee charged:

Top Five Fee Revenue Increases

1. Institutional license - \$150,000 from a new fee for one institution to access to all of the information in the State's All-Payers-Database (offset by the fee eliminated in #1 on page three)
2. Background checks for emergency medical services workers - \$105,000 from a fee increase from \$30 to \$65 for 3,000 applicants to formally account for the background check fee for the Department of Public Safety. This \$35 additional amount had been charged previously to all applicants using the authority provided in the fee schedule for the Department of Public Safety.
3. Certification for emergency medical dispatcher - \$90,000 from a fee increase of \$30 from \$15 to \$45 for 3,000 individuals.
4. Limited access for healthcare facilities data set - \$85,000 from a \$3,150 new fee estimated to be used by 27 entities.

- Course fee for all levels of emergency medical services personnel - \$60,000 from a fee increase of \$150 from \$150 to \$300 for 400 courses.

Top Five Fee Revenue Decreases

- Institutional license – (\$150,000) from the elimination of a fee for one institution to access to all of the information in the State’s All-Payers-Database.
- Background checks of name only for emergency medical services workers – (\$35,000) from a fee decrease from \$30 to \$15 for 2,300 applicants.
- Standardized research data set for State’s All-Payers-Database – (\$30,000) from the elimination of a fee for one private institution.
- Research data set for State’s All-Payers-Database – (\$21,000) from the elimination of a fee for one institution.
- Standardized research data set for State’s All-Payers-Database – (\$15,000) from the elimination of a fee for one non-profit organization.

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.

Where Does the Department of Health's Fee Revenue Come From?

Below is how some of the State of Utah’s proposed fees with larger revenues compare to other neighboring states’ fees (for those fees that are most easily comparable to other states):

Fee Name	Utah	Average Neighbors	Idaho	Wyoming	Colorado	Nevada	Arizona	New Mexico
Newborn Screening, Laboratory Testing/Includes Follow-up	\$ 112	\$ 85	\$ 51	\$ 77	\$ 92	\$ 71	\$ 105	\$ 114
Birth Certificate, initial copy	\$ 20	\$ 17	\$ 16	\$ 8	\$ 18	\$ 33	\$ 20	\$ 10
Birth Certificate, Additional Copies	\$ 10	\$ 14	\$ 16	\$ 8	\$ 10	\$ 20	\$ 20	\$ 10
Birth Certificate From Adoptions	\$ 60	\$ 28	\$ 36	\$ 16	\$ 38	\$ 40	\$ 30	\$ 10
Child Care Workers Background Checks	\$ 52	\$ 53	\$ 65	\$ 50	\$ 24	\$ 67	\$ 69	\$ 44

Note: Fees for other States as found online or from phone calls during the 2016 interim.

Additional Information on Fees

- Institute of Public Administration, *Using Fees and Charges - Cost Recovery in Local Government*, 2012 - http://www.ipa.ie/pdf/LocalGov_RS_No3.pdf



**Baby Watch Early Intervention Program
2016-17 Sliding Fee Schedule**



Effective 1 July, 2016

Family Size:	Federal Poverty	100%	186%	200%	250%	300%	400%	500%	600%	700%	800%	900%	1000%	1100%	1200%
	Family Fee	Exempt	\$10	\$20	\$30	\$40	\$50	\$60	\$80	\$100	\$120	\$140	\$160	\$180	\$200
		Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income
2	\$16,020	\$0.00 to \$29,797.19	\$29,797.20 to \$32,039.99	\$32,040.00 to \$40,049.99	\$40,050.00 to \$48,059.99	\$48,060.00 to \$64,079.99	\$64,080.00 to \$80,099.99	\$80,100.00 to \$96,119.99	\$96,120.00 to \$112,139.99	\$112,140.00 to \$128,159.99	\$128,160.00 to \$144,179.99	\$144,180.00 to \$160,199.99	\$160,200.00 to \$176,219.99	\$176,220.00 to \$192,239.99	\$192,240.00 to above
3	\$20,160	\$0.00 to \$37,497.59	\$37,497.60 to \$40,319.99	\$40,320.00 to \$50,399.99	\$50,400.00 to \$60,479.99	\$60,480.00 to \$80,639.99	\$80,640.00 to \$100,799.99	\$100,800.00 to \$120,959.99	\$120,960.00 to \$141,119.99	\$141,120.00 to \$161,279.99	\$161,280.00 to \$181,439.99	\$181,440.00 to \$201,599.99	\$201,600.00 to \$221,759.99	\$221,760.00 to \$241,919.99	\$241,920.00 to above
4	\$24,300	\$0.00 to \$45,197.99	\$45,198.00 to \$48,599.99	\$48,600.00 to \$60,749.99	\$60,750.00 to \$72,899.99	\$72,900.00 to \$97,199.99	\$97,200.00 to \$121,499.99	\$121,500.00 to \$145,799.99	\$145,800.00 to \$170,099.99	\$170,100.00 to \$194,399.99	\$194,400.00 to \$218,699.99	\$218,700.00 to \$242,999.99	\$243,000.00 to \$267,299.99	\$267,300.00 to \$291,599.99	\$291,600.00 to above
5	\$28,440	\$0.00 to \$52,898.39	\$52,898.40 to \$56,879.99	\$56,880.00 to \$71,099.99	\$71,100.00 to \$85,319.99	\$85,320.00 to \$113,759.99	\$113,760.00 to \$142,199.99	\$142,200.00 to \$170,639.99	\$170,640.00 to \$199,079.99	\$199,080.00 to \$227,519.99	\$227,520.00 to \$255,959.99	\$255,960.00 to \$284,399.99	\$284,400.00 to \$312,839.99	\$312,840.00 to \$341,279.99	\$341,280.00 to above
6	\$32,580	\$0.00 to \$60,598.79	\$60,598.80 to \$65,159.99	\$65,160.00 to \$81,449.99	\$81,450.00 to \$97,739.99	\$97,740.00 to \$130,319.99	\$130,320.00 to \$162,899.99	\$162,900.00 to \$195,479.99	\$195,480.00 to \$228,059.99	\$228,060.00 to \$260,639.99	\$260,640.00 to \$293,219.99	\$293,220.00 to \$325,799.99	\$325,800.00 to \$358,379.99	\$358,380.00 to \$390,959.99	\$390,960.00 to above
7	\$36,730	\$0.00 to \$68,317.79	\$68,317.80 to \$73,459.99	\$73,460.00 to \$91,824.99	\$91,825.00 to \$110,189.99	\$110,190.00 to \$146,919.99	\$146,920.00 to \$183,649.99	\$183,650.00 to \$220,379.99	\$220,380.00 to \$257,109.99	\$257,110.00 to \$293,839.99	\$293,840.00 to \$330,569.99	\$330,570.00 to \$367,299.99	\$367,300.00 to \$404,029.99	\$404,030.00 to \$440,759.99	\$440,760.00 to above
8	\$40,890	\$0.00 to \$76,055.39	\$76,055.40 to \$81,779.99	\$81,780.00 to \$102,224.99	\$102,225.00 to \$122,669.99	\$122,670.00 to \$163,559.99	\$163,560.00 to \$204,449.99	\$204,450.00 to \$245,339.99	\$245,340.00 to \$286,229.99	\$286,230.00 to \$327,119.99	\$327,120.00 to \$368,009.99	\$368,010.00 to \$408,899.99	\$408,900.00 to \$449,789.99	\$449,790.00 to \$490,679.99	\$490,680.00 to above
9	\$45,050	\$0.00 to \$83,792.99	\$83,793.00 to \$90,099.99	\$90,100.00 to \$112,624.99	\$112,625.00 to \$135,149.99	\$135,150.00 to \$180,199.99	\$180,200.00 to \$225,249.99	\$225,250.00 to \$270,299.99	\$270,300.00 to \$315,349.99	\$315,350.00 to \$360,399.99	\$360,400.00 to \$405,449.99	\$405,450.00 to \$450,499.99	\$450,500.00 to \$495,549.99	\$495,550.00 to \$540,599.99	\$540,600.00 to above
10	\$49,210	\$0.00 to \$91,530.59	\$91,530.60 to \$98,419.99	\$98,420.00 to \$123,024.99	\$123,025.00 to \$147,629.99	\$147,630.00 to \$196,839.99	\$196,840.00 to \$246,049.99	\$246,050.00 to \$295,259.99	\$295,260.00 to \$344,469.99	\$344,470.00 to \$393,679.99	\$393,680.00 to \$442,889.99	\$442,890.00 to \$492,099.99	\$492,100.00 to \$541,309.99	\$541,310.00 to \$590,519.99	\$590,520.00 to above
11	\$53,370	\$0.00 to \$99,268.19	\$99,268.20 to \$106,739.99	\$106,740.00 to \$133,424.99	\$133,425.00 to \$160,109.99	\$160,110.00 to \$213,479.99	\$213,480.00 to \$266,849.99	\$266,850.00 to \$320,219.99	\$320,220.00 to \$373,589.99	\$373,590.00 to \$426,959.99	\$426,960.00 to \$480,329.99	\$480,330.00 to \$533,700.00	\$533,700.00 to \$587,070.00	\$587,070.00 to \$640,440.00	\$640,440.00 to above
12	\$57,530	\$0.00 to \$107,005.79	\$107,005.80 to \$115,059.99	\$115,060.00 to \$143,824.99	\$143,825.00 to \$172,589.99	\$172,590.00 to \$230,119.99	\$230,120.00 to \$287,649.99	\$287,650.00 to \$345,179.99	\$345,180.00 to \$402,709.99	\$402,710.00 to \$460,239.99	\$460,240.00 to \$517,769.99	\$517,770.00 to \$575,299.99	\$575,300.00 to \$632,829.99	\$632,830.00 to \$690,359.99	\$690,360.00 to above
13	\$61,690	\$0.00 to \$114,743.39	\$114,743.40 to \$123,379.99	\$123,380.00 to \$154,224.99	\$154,225.00 to \$185,069.99	\$185,070.00 to \$246,759.99	\$246,760.00 to \$308,449.99	\$308,450.00 to \$370,139.99	\$370,140.00 to \$431,829.99	\$431,830.00 to \$493,519.99	\$493,520.00 to \$555,209.99	\$555,210.00 to \$616,899.99	\$616,900.00 to \$678,589.99	\$678,590.00 to \$740,279.99	\$740,280.00 to above
14	\$65,850	\$0.00 to \$122,480.99	\$122,481.00 to \$131,699.99	\$131,700.00 to \$164,624.99	\$164,625.00 to \$197,549.99	\$197,550.00 to \$263,399.99	\$263,400.00 to \$329,249.99	\$329,250.00 to \$395,099.99	\$395,100.00 to \$460,949.99	\$460,950.00 to \$526,799.99	\$526,800.00 to \$592,649.99	\$592,650.00 to \$658,499.99	\$658,500.00 to \$724,349.99	\$724,350.00 to \$790,199.99	\$790,200.00 to above
15	\$70,010	\$0.00 to \$130,218.59	\$130,218.60 to \$140,019.99	\$140,020.00 to \$175,024.99	\$175,025.00 to \$210,029.99	\$210,030.00 to \$280,039.99	\$280,040.00 to \$350,049.99	\$350,050.00 to \$420,059.99	\$420,060.00 to \$490,069.99	\$490,070.00 to \$560,079.99	\$560,080.00 to \$630,089.99	\$630,090.00 to \$700,099.99	\$700,100.00 to \$770,109.99	\$770,110.00 to \$840,119.99	\$840,120.00 to above
16	\$74,170	\$0.00 to \$137,956.19	\$137,956.20 to \$148,339.99	\$148,340.00 to \$185,424.99	\$185,425.00 to \$222,509.99	\$222,510.00 to \$296,679.99	\$296,680.00 to \$370,849.99	\$370,850.00 to \$445,019.99	\$445,020.00 to \$519,189.99	\$519,190.00 to \$593,359.99	\$593,360.00 to \$667,529.99	\$667,530.00 to \$741,699.99	\$741,700.00 to \$815,869.99	\$815,870.00 to \$890,039.99	\$890,040.00 to above
17	\$78,330	\$0.00 to \$145,693.79	\$145,693.80 to \$156,659.99	\$156,660.00 to \$195,824.99	\$195,825.00 to \$234,989.99	\$234,990.00 to \$313,319.99	\$313,320.00 to \$391,649.99	\$391,650.00 to \$469,979.99	\$469,980.00 to \$548,309.99	\$548,310.00 to \$626,639.99	\$626,640.00 to \$704,969.99	\$704,970.00 to \$783,299.99	\$783,300.00 to \$861,629.99	\$861,630.00 to \$939,959.99	\$939,960.00 to above
18	\$82,490	\$0.00 to \$153,431.39	\$153,431.40 to \$164,979.99	\$164,980.00 to \$206,224.99	\$206,225.00 to \$247,469.99	\$247,470.00 to \$329,959.99	\$329,960.00 to \$412,449.99	\$412,450.00 to \$494,939.99	\$494,940.00 to \$577,429.99	\$577,430.00 to \$659,919.99	\$659,920.00 to \$742,409.99	\$742,410.00 to \$824,899.99	\$824,900.00 to \$907,389.99	\$907,390.00 to \$989,879.99	\$989,880.00 to above
>18	+ \$4,160	100%	186%	200%	250%	300%	400%	500%	600%	700%	800%	900%	1000%	1100%	1200%

NOTE: This sliding fee schedule is based on 186% of the Federal Poverty Guidelines scheduled to be published in the Federal Register January 25, 2016 . <https://www.federalregister.gov/articles/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines>
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.

UTAH DEPARTMENT OF HEALTH
Children with Special Healthcare Needs Clinic
Sliding Fee Schedule - 2016

Patient's Financial Responsibility (PFR)							
	0%	0%	20%	40%	60%	100%	
							CHIP* 200%
Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	\$990.00	\$0.00 to \$1,316.70	\$1,316.71 to \$1,485.00	\$1,485.01 to \$1,831.50	\$1,831.51 to \$2,227.50	\$2,227.51 and up	\$1,980.00
2	\$1,335.00	\$0.00 to \$1,775.55	\$1,775.56 to \$2,002.50	\$2,002.51 to \$2,469.75	\$2,469.76 to \$3,003.75	\$3,003.76 and up	\$2,670.00
3	\$1,680.00	\$0.00 to \$2,234.40	\$2,234.41 to \$2,520.00	\$2,520.01 to \$3,108.00	\$3,108.01 to \$3,780.00	\$3,780.01 and up	\$3,360.00
4	\$2,025.00	\$0.00 to \$2,693.25	\$2,693.26 to \$3,037.50	\$3,037.51 to \$3,746.25	\$3,746.26 to \$4,556.25	\$4,556.26 and up	\$4,050.00
5	\$2,370.00	\$0.00 to \$3,152.10	\$3,152.11 to \$3,555.00	\$3,555.01 to \$4,384.50	\$4,384.51 to \$5,332.50	\$5,332.51 and up	\$4,740.00
6	\$2,715.00	\$0.00 to \$3,610.95	\$3,610.96 to \$4,072.50	\$4,072.51 to \$5,022.75	\$5,022.76 to \$6,108.75	\$6,108.76 and up	\$5,430.00
7	\$3,060.83	\$0.00 to \$4,070.91	\$4,070.92 to \$4,591.25	\$4,591.26 to \$5,662.54	\$5,662.55 to \$6,886.88	\$6,886.89 and up	\$6,121.67
8	\$3,407.50	\$0.00 to \$4,531.98	\$4,531.99 to \$5,111.25	\$5,111.26 to \$6,303.88	\$6,303.89 to \$7,666.88	\$7,666.89 and up	\$6,815.00
Each Additional Family Member	\$346.67	\$461.07	\$520.00	\$641.33	\$780.00	\$780.00	\$693.33

NOTE: This DFHP schedule is based on the Federal Poverty Guidelines scheduled to be published in the Federal Register January 25, 2016. <https://www.federalregister.gov/articles/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines> 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.

Fees for Dept of Health

There are separate Fee amounts stored for Agencies, GOMB and the LFA.
The amounts listed are the amounts that are furthest through the approval workflow.
Agency (a) >>> GOMB (g) >>> LFA (l) >>> Final (f)

LAA

All the fees in this section apply for the entire Department of Health

<u>Clinic Fees Tied to Medicaid Reimbursement Levels (per Unit)</u>	variable ¹
The Department of Health benchmarks many of its charges in its medical and dental clinics to Medicaid reimbursement rates. If the Legislature authorizes reimbursement increases during the General Session, then the Legislature authorizes a proportional increase in effected clinic fees.	
<u>Conference Registrations (per Unit)</u>	\$100.00 ¹
<u>Non-sufficient Check Collection Fee (per Unit)</u>	\$20.00 ¹
<u>Non-sufficient Check Service Charge (per Unit)</u>	\$20.00 ¹
<i>Testimony</i>	
<u>Expert Testimony Fee for those without a PhD/MD (per hour)</u>	\$78.75 ¹
Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.	
<u>Expert Testimony Fee for those with a PhD/MD (per hour)</u>	\$250.00 ¹
Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Per hour charge, plus travel costs.	
<i>Government Records Access and Management Act (GRAMA)</i>	
<u>Mailing or shipping cost (per Unit)</u>	Actual cost up to a \$100.00 ¹
Applies for the entire Department of Health	
<i>Staff time for file search and/or information compilation</i>	
<u>Department of Technology Services (per hour)</u>	\$70.00 ¹
For Department of Technology Services or programmer/analyst staff time.	
<u>Department of Health (per hour)</u>	\$35.00 ¹
For Department of Health staff time; first 15 minutes free, additional time.	
<i>Copy</i>	
<u>11 x 8.5 Black and White (per page)</u>	\$0.15 ¹
<u>11x17 or color (per page)</u>	\$0.40 ¹
<u>Information on disk (per kilobyte)</u>	\$0.02 ¹
<u>Administrative Fee, 1-15 copies</u>	\$25.00 ¹
<u>Administrative Fee, each additional copy</u>	\$1.00 ¹
<u>Fax (per page)</u>	\$0.50 ¹

LAE

Data Access Base Fees

Healthcare Facilities Data Series

<u>Fee Discounts-Healthcare Facilities Data Series (per Unit)</u>	Note ¹
Note: (1) The Following Discounts Apply: Healthcare Facility with <5,000 discharges (80% for Standard Limited Data Set); Healthcare Facility with 5,000-35,000 discharges (50% for Standard Limited Data Set); Prior Years (50% for any data set); Student (75% for any standard data set); Public University or Not for Profit Entity (50% for any standard data series); Geographic Subset (discount proportional to percent of records required from	

limited data set); Redistribution (30% for any data set); On-time Renewal (15% for any data series). (2) Pricing for client-based partnership: The development fee is 50% of the actual cost of data provided to the partner. The per-client fee is to be negotiated with the partner based on the volume and level of data provided to each client, but may not exceed 70% of the actual cost of the data used.

<u>Standard Annual Limited Data Set (per Unit)</u>	\$3,150.00 ¹
<u>Standard Annual Research Data set (per Unit)</u>	\$6,000.00 ¹
<u>Quarterly Preliminary Feeds (per Unit)</u>	\$4,500.00 ¹
<u>Federal Annual Database (per Unit)</u>	\$4,500.00 ¹
<u>Enhanced Annual Summary Report (per Unit)</u>	\$500.00 ¹

All Payer Claims Data Standard Limited Data Series

<u>Fee Discounts-All Payer Claims Data Standard Limited Data Series (per Unit)</u>	Note ¹
--	-------------------

Notes: (1) The following discounts apply: Contributing Carrier (50% for standard limited data sets); Student (75% for any standard data set); Single Use and Single User License (50% for any standard limited data set); Geographic Subset (discount proportional to percent of records required from limited data set); Redistribution (30% for any data set); On-time Renewal (15% for any data series). (2) Pricing for client-based partnership: The development fee is 50% of the actual cost of data provided to the partner. The per-client fee is to be negotiated with the partner based on the volume and level of data provided to each client, but may not exceed 70% of the actual cost of the data used.

<u>Single Year (per Unit)</u>	\$8,000.00 ¹
<u>Two Years (per Unit)</u>	\$12,000.00 ¹
<u>Three Years (per Unit)</u>	\$16,000.00 ¹
<u>Sample File (per Unit)</u>	\$2,000.00 ¹
<u>Two-Year Public Use File (per Unit)</u>	\$4,000.00 ¹

All Payer Claims Data Standard Research Data Series

<u>Fee Discounts-All Payer Claims Data Standard Research Data Series (per Unit)</u>	Note ¹
---	-------------------

Note: The following discounts apply: Student (50% for any standard research data set); Single Use and Single User License (50% for any standard research data set); Redistribution (30% for any data set); On-time Renewal (15% for any data series)

<u>Single Year (per Unit)</u>	\$20,000.00 ¹
<u>Two Years (per Unit)</u>	\$30,000.00 ¹
<u>Three Years (per Unit)</u>	\$40,000.00 ¹
<u>Special Purpose Series (per Unit)</u>	\$4,000.00 ¹

Other Data Series and Licenses

<u>Fee Discounts-Other Data Series and Licenses (per Unit)</u>	Note ¹
--	-------------------

Note: The following discounts apply: Non-Contributing Carrier (50% for CAHPS Data Set); Contributing Carrier (75% for CAHPS Data Set); Prior Year (20% for HEDIS & CAHPS Data Set); Years before Current and Prior Year (35% for HEDIS & CAHPS Data Set); Student (75% for HEDIS & CAHPS Data Set or Survey Responses); Public University or Not for Profit Entity (35% for HEDIS & CAHPS Data Set or Survey Responses); On-time Renewal (15% for any data series)

<u>Institutional License (per Unit)</u>	\$150,000.00 ¹
<u>HEDIS Data Set (per Unit)</u>	\$1,575.00 ¹
<u>CAHPS Data Set (per Unit)</u>	\$1,575.00 ¹
<u>CAHPS Survey Responses (per Unit)</u>	\$2,000.00 ¹

Other Fees and Services

<u>Custom data services (per hour) (per Unit)</u>	\$87.02 ¹
---	----------------------

Note: This hourly fee applies to all custom work, including data extraction analytics; aggregate patient-risk profiles for clinics, payers or systems; data management reprocessing; data matching; and creation of samples or subsets.

<u>Additional Fields to create a custom data set - (cost per field added) (per Unit)</u>	\$225.00 ¹
<u>Individual Information Extract (per person) (per Unit)</u>	\$100.00 ¹
<u>Application Fee (non-refundable) (per Unit)</u>	\$50.00 ¹

Note: application fees are non-refundable but may be credited towards a data fee if the application is approved.

<u>Expedited Shipping Fee (per Unit)</u>	\$15.00 ¹
<u>Convenience Fee (for Credit or Debit Card payment) (per Unit)</u>	Not to exceed 3% ¹
<i>Birth Certificate</i>	
<u>Initial Copy</u>	\$20.00 ¹
<u>Additional Copies</u>	\$10.00 ¹
<u>Stillbirth</u>	\$18.00 ¹
<u>Affidavit</u>	\$25.00 ¹
<u>Book Copy of Birth Certificate</u>	\$25.00 ¹
<u>Adoption</u>	\$60.00 ¹
<i>Death Certificate</i>	
<u>Initial Copy</u>	\$18.00 ¹
<u>Additional Copies</u>	\$10.00 ¹
<u>Burial Transit Permit</u>	\$7.00 ¹
<u>Disinterment Permit</u>	\$25.00 ¹
<u>Death Certificate Reprint Fee (per Unit)</u>	\$3.00 ¹
<i>Specialized Services</i>	
<u>Paternity Search (one hour minimum) (per hour)</u>	\$18.00 ¹
<u>Delayed Registration</u>	\$60.00 ¹
<u>Marriage and Divorce Abstracts</u>	\$18.00 ¹
<u>Legitimation</u>	\$60.00 ¹
<u>Death Research (one hour minimum) (per hour)</u>	\$20.00 ¹
<u>Death Notification Subscription Fee (organization less than or equal to 100,000 lives) (per Unit)</u>	\$500.00 ¹
<u>Death Notification Subscription Fee (organizations greater than 100,000 lives) (per Unit)</u>	\$1,000.00 ¹
<u>Death Notification Fee, per matched death (per Unit)</u>	\$1.00 ¹
<u>Court Order Name Changes</u>	\$25.00 ¹
<u>Court Order Paternity</u>	\$60.00 ¹
<u>Online Access to Computerized Vital Records (per month)</u>	\$12.00 ¹
<u>Utah Plant Extract Registry (per Unit)</u>	\$200.00 ¹
<u>Utah Plant Extract Registration Renewal (per Unit)</u>	\$50.00 ¹
<u>Ad-hoc Statistical Requests (per hour)</u>	\$45.00 ¹
<u>Delay of File Fee (charged for every birth/death certificate registered 30 days or more after the event) (per Unit)</u>	\$50.00 ¹
<u>Expedite Fee</u>	\$15.00 ¹
<u>Expedited Shipping Fee (per Unit)</u>	\$15.00 ¹
<u>Online Convenience Fee (per Unit)</u>	\$4.00 ¹
<u>Online Identity Verification (per Unit)</u>	\$1.39 ¹
<u>Adoption Registry</u>	\$25.00 ¹
<u>Adoption Expedite Fee</u>	\$25.00 ¹

LAH

<i>Specialized Services</i>	
<u>Birth Parent Information Registration (per Unit)</u>	\$25.00 ¹
<u>Adoption Records Access Fee (per Unit)</u>	\$25.00 ¹
<u>Adoption Records Amendment Fee (per Unit)</u>	\$10.00 ¹

LEA

<i>Laboratory General</i>	
<u>Fee Discounts for Large Volume Customers (per Unit)</u> 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/lab .	\$0.00 ¹
<u>Discounts Reflected on Invoices (per Unit)</u> The discounts will be reflected on the invoices of customers that meet established volume criteria.	\$0.00 ¹
<u>Discount Levels Clarified (per Unit)</u> 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.	\$0.00 ¹
<u>Emergency Waiver (per Unit)</u> Under certain conditions of public health import (e.g., disease outbreak, terrorist event, or environmental catastrophe) fees may be reduced or waived.	\$0.00 ¹
<i>Handling</i>	
<u>Total cost of shipping and testing of referral samples to be rebilled to customer (per Referral lab's invoice)</u>	\$0.00 ¹
<u>Repeat Testing - normal fee will be charged if repeat testing is required due to poor quality sample (per Unit)</u> per sample, per each reanalysis	\$0.00 ¹
<i>These fees apply for the entire Division of Disease Control and Prevention</i>	
<i>Administrative retrieval and copy</i>	
<u>1-15 copies</u>	\$20.00 ¹
<u>each additional copy</u>	\$1.00 ¹

LED

<i>Infectious Disease</i>	
<i>Immunology</i>	
<i>Hepatitis</i>	
<u>B (Anti-Hepatitis B Virus) Antibody (per Unit)</u>	\$22.00 ¹
<u>B (Anti-Hepatitis B Virus) Antigen (per Unit)</u>	\$22.00 ¹
<u>B (Anti-Hepatitis B Virus) Confirmation (per Unit)</u>	\$44.00 ¹
<u>C (Anti-Hepatitis C Virus) Antibody</u>	\$28.00 ¹
<u>C (Anti-Hepatitis C Virus) by PCR (Polymerase Chain Reaction) (per Unit)</u>	\$300.00 ¹
<i>HIV (Human Immunodeficiency Virus)</i>	
<u>1/2 and O. Antigen/Antibody Combo</u>	\$35.00 ¹
<u>Supplemental Testing (HIV-1/HIV-2 differentiation) (per Unit)</u>	\$89.00 ¹
<i>Hantavirus</i>	
<u>Hantavirus</u>	\$40.00 ¹
<i>Syphilis</i>	
<u>Immunoglobulin G (IgG) Antibody (including reflex Rapid Plasma Reagin titer)</u>	\$13.00 ¹
<u>TP-PA (Treponema Pallidum - Particle Agglutination) Confirmation</u>	\$26.00 ¹
<i>Quantiferon</i>	
<u>Tuberculosis In Tube-Gold (per Unit)</u>	\$63.00 ¹
<i>Virology</i>	

<u>Herpesvirus (Herpes Simplex Virus-1, Herpes Simplex Virus-2, Varicella Zoster Virus) Detection and Differentiation by Polymerase Chain Reaction</u>	\$65.00
<u>Rabies - Not epidemiological indicated or pre-authorized</u>	\$180.00
<u>Influenza PCR (Polymerase Chain Reaction) (per Unit)</u>	\$150.00
<u>C. trachomatis and N. gonorrhoeae detection by Nucleic Acid Test</u>	\$25.00
<i>Bacteriology</i>	
<i>Mycobacteriology</i>	
<u>Culture for Mycobacteria</u>	\$100.00
<u>Mycobacterium Tuberculosis Culture Susceptibilities (sendout)</u>	\$170.00
<u>Mycobacterium Identification and Susceptibility by GeneExpert (per Unit)</u>	\$100.00
<i>Newborn Screening</i>	
<u>Newborn Screening, Laboratory Testing and Follow-up Services</u>	\$112.16
<i>Chemistry</i>	
<i>Drinking Water Tests</i>	
<i>Inorganics</i>	
<u>Alkalinity (Total) Standard Method 2320B</u>	\$10.00
<u>Bromide 300.1</u>	\$27.50
<u>Bromate 300.1</u>	\$27.50
<u>Chlorate 300.1</u>	\$27.50
<u>Chlorite 300.1</u>	\$27.50
<u>Chloride 300.0</u>	\$19.00
<u>Fluoride 300.0 (per Unit)</u>	\$19.00
<u>Sulfate 300.0 (per Unit)</u>	\$19.00
<u>Chromium (Hexavalent) 218.7 (per Unit)</u>	\$55.00
<u>Cyanide 335.4</u>	\$50.00
<u>Nitrate 353.2</u>	\$22.00
<u>Nitrite 353.2</u>	\$22.00
<u>Nitrate + Nitrite 353.2</u>	\$13.20
<u>Perchlorate 314.0</u>	\$55.00
<u>pH (Test of acidity or alkalinity) 150.1</u>	\$11.00
<u>Sulfate 375.2</u>	\$16.50
<u>Turbidity 180.1</u>	\$11.00
<u>Ultraviolet Absorption Standard Method 5910B</u>	\$33.00
<u>Total Organic Carbon Standard Method 5910B</u>	\$22.00
<u>Carboxylic Acids (Oxalate, Formate, Acetate) (per Unit)</u>	\$42.00
<u>Dissolved Organic Carbon (per Unit)</u>	\$22.00
<i>Metals</i>	
<i>Standard Metals</i>	
<u>EPA 3010 Digestion</u> if required, add this fee to the metal package selected	\$27.00
<u>Mercury 245.1 - may include a digestion fee</u>	\$27.50
<u>Selenium by Selenium Hydride - Atomic Absorption - Standard Method 3114C - may include a digestion fee</u>	\$42.00
<u>Lead and Copper (Type Metals-8) 200.8</u>	\$27.00
<u>Aluminum 200.8</u>	\$13.00
<u>Antimony 200.8</u>	\$13.00
<u>Arsenic 200.8</u>	\$13.00
<u>Barium 200.8</u>	\$13.00
<u>Beryllium 200.8</u>	\$13.00
<u>Cadmium 200.8</u>	\$13.00
<u>Chromium 200.8</u>	\$13.00

<u>Copper 200.8</u>	\$13.00
<u>Lead 200.8</u>	\$13.00
<u>Manganese 200.8</u>	\$13.00
<u>Molybdenum 200.8</u>	\$13.00
<u>Nickel 200.8</u>	\$13.00
<u>Selenium 200.8</u>	\$13.00
<u>Silver 200.8</u>	\$13.00
<u>Thallium 200.8</u>	\$13.00
<u>Zinc 200.8</u>	\$13.00
<u>Boron 200.7</u>	\$10.00
<u>Calcium 200.7</u>	\$10.00
<u>Iron 200.7</u>	\$10.00
<u>Magnesium 200.7</u>	\$10.00
<u>Potassium 200.7</u>	\$10.00
<u>Sodium 200.7</u>	\$10.00
<u>Langelier Index</u> Calculation: pH (Test acidity or alkalinity), calcium, TDS (Total Dissolved Solids), alkalinity	\$5.50
<i>Organic Contaminants</i>	
<u>Trihalomethanes Method 524.2</u>	\$82.70
<u>Haloacetic Acids Method 6251B</u>	\$165.00
<u>Volatile Organic Carbons 524.2</u>	\$209.00
<u>Perchloroethylene 524.2 (per Unit)</u>	\$83.00
<u>Maximum Total Potential Trihalomethanes Method 524.2</u>	\$88.20
<i>Pesticides</i>	
<u>Phase II/V Semi Volatile Organic Analytes and Pesticide 4 methods</u>	\$919.00
<i>Environmental Protection Agency</i>	
<u>525.2</u>	\$367.50
<u>Herbicide 515.1</u>	\$210.00
<u>Carbamate 531.1</u>	\$185.00
<i>Water Bacteriology</i>	
<u>Environmental Legionella Standard Methods 9260 J</u> Liter of water	\$70.00
<i>Water Microbiology (Drinking Water and Surface Water)</i>	
<u>Colilert E. Coli 9223B</u>	\$20.00
<u>Heterotrophic Plate Count by 9215 B Pour Plate</u>	\$13.00
<i>Water Radiochemistry (Drinking Water and Surface Water)</i>	
<u>Uranium by 200.8 - Inductive Coupling Plasma-Mass Spectrometry (ICP/MS) - a digestion fee may be added</u>	\$51.00
<i>Inorganic Surface Water (Lakes, Rivers, Streams) Tests</i>	
<u>Alkalinity for Bi-Carbonate, Additional Fee (per Unit)</u>	\$1.00
<u>Alkalinity for Carbonate, Additional Fee (per Unit)</u> Internal Review of Costs and Descriptions	\$1.00
<u>Alkalinity for Carbonate Solids, Additional Fee (per Unit)</u>	\$1.00
<u>Alkalinity for Carbon dioxide, Additional Fee (per Unit)</u>	\$1.00
<u>Alkalinity for Hydroxide, Additional Fee (per Unit)</u>	\$1.00
<u>Ammonia 350.3</u>	\$22.00
<u>Biochemical Oxygen Demand (BOD) 5 day test 405.1</u>	\$33.00
<u>Chlorophyll A Standard Method 10200H - Chlorophyll-A</u>	\$22.00
<u>Phosphorus, Total 365.1</u>	\$20.00
<u>Silica 370.1</u>	\$16.50
<u>Total Dissolved Solids (TDS) Standard Method 3540C</u>	\$16.50

<u>Total Suspended Solids (TSS) 160.2</u>	\$16.50
<u>Specific Conductance 120.1</u>	\$10.00
<u>Sulfate 300.1</u>	\$16.50
<u>Sulfide 376.2</u>	\$44.00
<i>Solid and Hazardous Waste Organics Tests</i>	
<u>Benzene, Toluene, Ethylbenzene, Xylene, Naphthalene (BTEXN)</u>	\$83.00
<u>Environmental Protection Agency 8270 Semi Volatiles</u>	\$441.00
<u>Environmental Protection Agency 8260 (volatile organic compounds)</u>	\$440.00
<u>Total Petroleum Hydrocarbons 8015</u>	\$138.00
<i>Volatiles Purgeables</i>	
<u>Environmental Protection Agency Method 1666</u>	\$400.00

LEE

<i>Parameter Category Fees charge for each testing act</i>	
<u>Atomic Absorption/Atomic Emission (per Unit)</u>	\$300.00
<u>Radiological chemistry - Alpha spectrometry (per Unit)</u>	\$200.00
<u>Radiological chemistry - Beta (per Unit)</u>	\$200.00
<u>Calculation of Analytical Results (per Unit)</u>	\$50.00
<u>Organic Clean Up (per Unit)</u>	\$100.00
<u>Toxicity/Synthetic Extractions Characteristics Procedure (per Unit)</u>	\$200.00
<u>Radiological chemistry - Gamma (per Unit)</u>	\$200.00
<u>Simple Gas Chromatography (per Unit)</u>	\$300.00
<u>Complex Gas Chromatography (per Unit)</u>	\$600.00
<u>Semivolatile Gas Chromatography (per Unit)</u>	\$500.00
<u>Volatile Gas Chromatography (per Unit)</u>	\$500.00
<u>Radiological chemistry - Gas Proportional Counter (per Unit)</u>	\$200.00
<u>Gravimetric (per Unit)</u>	\$100.00
<u>High Pressure Liquid Chromatography (per Unit)</u>	\$300.00
<u>Inductively Coupled Plasma Metals Analysis (per Unit)</u>	\$400.00
<u>Inductively Coupled Plasma Mass Spectrometry (per Unit)</u>	\$500.00
<u>Ion Chromatography (per Unit)</u>	\$200.00
<u>Ion Selective Electrode base methods (per Unit)</u>	\$100.00
<u>Radiological chemistry - Liquid Scintillation (per Unit)</u>	\$200.00
<u>Metals Digestion (per Unit)</u>	\$100.00
<u>Simple Microbiological Testing (per Unit)</u>	\$100.00
<u>Complex Microbiological Testing (per Unit)</u>	\$300.00
<u>Organic Extraction (per Unit)</u>	\$100.00
<u>Physical Properties (per Unit)</u>	\$100.00
<u>Titrimetric (per Unit)</u>	\$100.00
<u>Spectrometry (per Unit)</u>	\$200.00
<u>While Effluent Toxicity (per Unit)</u>	\$600.00
<i>Environmental Laboratory Certification</i>	
<u>Certification Clarification</u>	\$0.00
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.	
<i>Annual certification fee (chemistry and/or microbiology)</i>	
<u>Utah laboratories</u>	

<u>Out-of-state laboratories</u> Plus reimbursement of all travel expenses	\$5,000.00 ¹	\$825.00 ¹
<u>National Environmental Accreditation Program (NELAP) recognition</u>		\$825.00 ¹
<u>Certification change</u>		\$100.00 ¹
<u>Performance Based Method Review - per method fee (per Unit)</u>		\$250.00 ¹
<u>Primary Method Addition for Recognition Laboratories (per Unit)</u>		\$1,000.00 ¹

LEH

Utah Statewide Immunization Information System

Non-Financial Contributing Partners

<u>Match on Immunization Records in Database (per record)</u>		\$12.00 ¹
<u>File Format Conversion (per hour)</u>		\$30.00 ¹

LEJ

Baby Your Baby Program

Health Keepsake books

Non-adapted version

<u>Based on quantity for \$4.00 to \$5.00 (per copy)</u>		\$5.00 ¹
--	--	---------------------

Adapted version

<u>Based on quantity for \$3.00 to \$6.50 (per copy)</u>		\$6.50 ¹
--	--	---------------------

LEK

Autopsy

<u>Non-jurisdictional Case</u> Plus cost of body transportation		\$2,500.00 ¹
--	--	-------------------------

<u>External Examination, Non-jurisdictional Case</u> Plus transportation		\$500.00 ¹
---	--	-----------------------

<u>Use of Medical Examiner facilities and assistants for autopsies</u>		\$500.00 ¹
--	--	-----------------------

<u>Use of Medical Examiner facilities and assistants for external exams</u>		\$300.00 ¹
---	--	-----------------------

Reports

<u>First copy</u> No charge to next of kin, treating physicians, and investigative or prosecutorial agencies.		No charge ¹
--	--	------------------------

<u>All other requestors and additional copies</u>		\$35.00 ¹
---	--	----------------------

Miscellaneous Office of Medical Examiner case file papers

<u>First copy</u> No charge to next of kin, treating physicians, and investigative or prosecutorial agencies.		No charge ¹
--	--	------------------------

<u>All other requestors and additional copies</u>		\$35.00 ¹
---	--	----------------------

Miscellaneous non-Office of Medical Examiner case file papers

<u>All requestors cost for non-Office of Medical Examiner copies (per file request)</u>		\$50.00 ¹
---	--	----------------------

<i>Cremation Authorization</i>	
<u>Review and authorize cremation</u> \$10.00 per permit payable to Vital Records for processing.	\$100.00 ¹
<i>Court</i>	
<i>Preparation, consultation and appearance; Portal to portal expenses including travel costs and waiting time to improve/provide adequate compensation to State of Utah for services provided by State employees</i>	
<u>Medical Examiner criminal cases out of state (per hour)</u>	\$500.00 ¹
<u>Non-jurisdictional Medical Examiner criminal and all civil cases (per hour)</u>	\$500.00 ¹
<u>Medical Examiner Consultation on non-Medical Examiner cases (per hour)</u>	\$500.00 ¹
<i>Photographic, Slide, and Digital Services</i>	
<u>Glass Slides</u>	\$20.00 ¹
<i>Digital Image</i>	
<u>Digital X-ray Image from Digital Source - Flat fee per X-ray image</u>	\$10.00 ¹
<u>Digital image copied from Digital source. flat fee for up to 30 requested images (per image)</u>	\$10.00 ¹
<u>Digital image copied from Digital source. per image cost for request over 30 images</u>	\$1.00 ¹
<u>Copied from color slide negatives</u>	\$5.00 ¹
<i>Use of Tissue Harvest Room for Acquisition</i>	
<u>Skin Graft</u>	\$132.83 ¹
<u>Bone</u>	\$265.65 ¹
<u>Heart Valve</u>	\$69.30 ¹
<u>Eye</u>	\$34.65 ¹
<u>Saphenous vein</u>	\$69.30 ¹
<i>Body Storage</i>	
<u>Daily charge for use of Medical Examiner Storage Facilities</u> Beginning 24 hours after notification that body is ready for release.	\$30.00 ¹
<i>Biologic samples requests</i>	
<u>Handling and storage of requested samples by outside sources</u>	\$25.00 ¹

LFA

<i>These fees apply for the entire Division of Family Health and Preparedness</i>	
<u>Background Screening Fee - Public Safety (per Unit)</u> This fee should be the same as that charged by the Department of Public Safety. If the Legislature changes the fee charged by Department of Public Safety, then the Legislature also approves the same change for the Department of Health. Fees collected by Family Health and Preparedness are passed through to Public Safety.	\$37.00 ¹

LFF

<i>Evaluation of Speech</i>	
<u>92521 Fluency (per Unit)</u>	\$170.00 ¹
<u>92522 Sound Production (per Unit)</u>	\$170.00 ¹
<u>92523 Sound Production w/ Evaluation of Language Comprehension (per Unit)</u>	\$170.00 ¹
<i>Special Otorhinolaryngologic Services</i>	
<u>92524 Behavioral and Qualitative Analysis of Voice and Resonance (per Unit)</u>	\$170.00 ¹
<i>Physical Medicine and Rehabilitation Therapeutic Procedures</i>	
<u>97116 Gait training (per Unit)</u>	

<u>97112 Neuromuscular reeducation (per Unit)</u>	\$25.00 ¹	\$25.00 ¹
<u>97542 Wheelchair Assessment fitting/training (per Unit)</u>		\$25.00 ¹
<u>97755 Assistive Technology Assessment (per Unit)</u>		\$25.00 ¹
<i>Office Visit, New Patient</i>		
<u>99201 Problem focused, straightforward</u>		\$47.00 ¹
<u>99202 Expanded problem, straightforward</u>		\$81.00 ¹
<u>99203 Detailed, low complexity</u>		\$120.00 ¹
<u>99204 Comprehensive, Moderate complexity</u>		\$182.00 ¹
<u>99205 Comprehensive, high complexity</u>		\$229.00 ¹
<i>Office Visit, Established Patient</i>		
<u>99211 Minimal Service or non-Medical Doctor</u>		\$28.00 ¹
<u>99212 Problem focused, straightforward</u>		\$47.00 ¹
<u>99213 Expanded problem, low complexity</u>		\$74.00 ¹
<u>99214 Detailed, moderate complexity</u>		\$111.00 ¹
<u>99215 Comprehensive, high complexity</u>		\$151.00 ¹
<i>Office Consultation, New or Established Patient</i>		
<u>99241 Problem focused, straightforward</u>		\$60.00 ¹
<u>99242 Expanded problem focused, straightforward</u>		\$110.00 ¹
<u>99243 Detailed exam, low complexity</u>		\$151.00 ¹
<u>99244 Comprehensive, moderate complexity</u>		\$223.00 ¹
<u>99245 Comprehensive, high complexity</u>		\$275.00 ¹
<u>95974 Cranial Neurostimulation evaluation</u>		\$160.00 ¹
<u>99354 Prolonged, face to face</u> First hour		\$114.00 ¹
<u>99355 Prolonged, face to face</u> Additional 30 minutes		\$112.00 ¹
<u>99358 Prolonged, non face to face</u> First hour		\$93.00 ¹
<u>99359 Prolonged, non face to face</u> Additional 30 minutes		\$51.00 ¹
<u>T1013 Sign Language oral interview</u>		\$13.00 ¹
<i>Nutrition</i>		
<u>97802 Medical Assessment</u>		\$22.00 ¹
<u>97803 Reassessment</u>		\$22.00 ¹
<i>Psychology</i>		
<u>96101 Testing</u>		\$136.00 ¹
<u>96102 Testing by technician</u>		\$65.00 ¹
<u>96103 Testing with computer</u>		\$60.00 ¹
<u>96110 Developmental Testing</u>		\$136.00 ¹
<u>96111 Extended Developmental Testing</u>		\$136.00 ¹
<u>90791 Psychiatric Diagnostic Evaluation</u>		\$94.00 ¹
<u>90792 Psychiatric Diagnostic Evaluation With Medical Services (per Unit)</u>		\$94.00 ¹
<u>90804 Psychotherapy, face to face, 20-30 minutes</u>		\$68.00 ¹
<u>90806 Psychotherapy, face to face, 50 minutes</u>		\$130.00 ¹
<u>90846 Family Medical Psychotherapy, 30 minutes</u>		\$90.00 ¹
<u>90847 Family Medical Psychotherapy, conjoint 30 minutes</u>		\$130.00 ¹
<u>90882 Environmental Intervention with Agencies, Employers</u>		\$49.00 ¹
<u>90882-52 Environmental Intervention Reduced Procedures</u>		\$23.00 ¹
<u>90885 Evaluation of hospital records</u>		\$40.00 ¹
<u>90889 Preparation of reports</u>		\$40.00 ¹
<i>Physical and Occupational Therapy</i>		

97001 Physical Therapy Evaluation	\$90.00
97002 Physical Therapy Re-evaluation	\$52.00
97003 Occupational Therapy Evaluation	\$90.00
97004 Occupational Therapy Re-evaluation	\$52.00
97110 Therapeutic Physical Therapy	\$33.00
97530 Therapeutic Activity	\$40.00
97535 Self Care Management	\$30.00
97760 Orthotic Management	\$38.00
97762 Orthotic/prosthetic Use Management	\$38.00
G9012 Wheelchair Measurement/Fitting	\$312.00
<i>Ophthalmology</i>	
92002 Exam and evaluation, intermediate, new patient	\$81.00
92012 Exam and evaluation, intermediate, established patient	\$85.00
92015 Determination of refractive state	\$51.00
<i>Audiology</i>	
92550 Tympanometry and Acoustic Reflex Threshold Testing (per Unit)	\$71.00
92551 Audiometry, Pure Tone Screen	\$33.00
92552 Audiometry, Pure Tone Threshold	\$36.00
92553 Audiometry, Air and Bone	\$44.00
92555 Speech Audiometry threshold testing	\$28.00
92556 Speech Audiometry threshold/speech recognition testing	\$40.00
92557 Basic Comprehension, Audiometry	\$80.00
92567 Tympanometry	\$26.00
92568 Acoustic reflex testing, threshold	\$45.00
92570 Tympanometry and Acoustic Reflex Threshold (per Unit) Acoustic Reflex Decay Testing	\$80.00
92579 Visual reinforcement audiometry	\$57.00
92579-52 Visual reinforcement audiometry, limited	\$47.00
92582 Conditioning Play Audiometry	\$80.00
92585 Auditory Evoked Potentials testing	\$125.00
92587 Evoked Otoacoustic emissions testing	\$58.00
92590 Hearing Aid Exam	\$53.00
92591 Hearing Aid Exam, Binaural	\$108.00
92592-52 Hearing aid check, monaural	\$31.00
92593-52 Hearing aid check, binaural	\$44.00
92620 Evaluation of Central Auditory Function	\$87.00
92621 Evaluation of Central Auditory Function Each additional 15 minutes	\$22.00
V5008 Hearing Check, Patient Under 3 Years Old	\$38.00
V5257 Hearing Aid, Digital Monaural	\$2,000.00
V5261 Hearing Aid, Digital Binaural	\$1,100.00
V5264 Ear Mold Insert	\$75.00
V5266 Hearing Aid battery	\$1.00
<i>BabyWatch / Early Intervention</i>	
Monthly charges based on a sliding fee schedule	From \$10 - \$200

<i>Registration and Certification</i>	
<i>Certification/Recertification Fee</i>	
<u>Course Coordinator Extension Fee (per Unit)</u>	\$40.00 ¹
<u>Training Officer Extension Fee (per Unit)</u>	\$40.00 ¹
<i>Quality Assurance Designation Review</i>	
<u>Air Ambulance Quality Assurance Review (per Unit)</u>	\$5,000.00 ¹
<i>Registration and Certification</i>	
<i>Certification Fee</i>	
<u>Blood Draw Permit (per Unit)</u>	\$35.00 ¹
<u>Initial and Reciprocity Certification Quality Assurance Review Fee for All Levels Late Fee (per Unit)</u>	\$75.00 ¹
<i>Certification/Recertification Fee</i>	
<u>Initial, Reciprocity, and Recertification Quality Assurance Review Fee for All Levels Except Emergency Medical Dispatcher (per Unit)</u>	\$60.00 ¹
Initial, Reciprocity, and Recertification Quality Assurance Review Fee for All Levels Except Emergency Medical Dispatcher	
<u>Initial, Reciprocity, and Recertification Quality Assurance Review Fee for Emergency Medical Dispatcher (per Unit)</u>	\$45.00 ¹
<u>ID Card Replacement (per Unit)</u>	\$10.00 ¹
<u>Decal for purchase for All Levels (per Unit)</u>	\$2.00 ¹
<u>Patches for purchase for All Levels (per Unit)</u>	\$5.00 ¹
<u>Course Audit Fee (per Unit)</u>	\$40.00 ¹
<u>Instructor Certification Extension Fee (per Unit)</u>	\$75.00 ¹
<i>Recertification Fee</i>	
<u>Lapsed Certification</u>	\$30.00 ¹
<i>Course Request Fee</i>	
<u>Course for All Levels (per Unit)</u>	\$300.00 ¹
<u>Late Course Request fee per Day (per Unit)</u>	\$10.00 ¹
<i>Ground Ambulance - Emergency Medical Technician</i>	
<i>Inspection</i>	
<u>Quality Assurance Review (per vehicle)</u>	\$100.00 ¹
<u>Advanced (per vehicle)</u>	\$130.00 ¹
<i>Interfacility Transfer Ambulance</i>	
<i>Inspection</i>	
<u>Emergency Medical Technician Quality Assurance Review (per vehicle)</u>	\$100.00 ¹
<u>Advanced (per vehicle)</u>	\$130.00 ¹
<i>Paramedic</i>	
<i>Inspection</i>	
<u>Rescue (per vehicle)</u>	\$165.00 ¹
<u>Tactical Response (per vehicle)</u>	\$165.00 ¹
<u>Ambulance (per vehicle)</u>	\$170.00 ¹
<u>Interfacility Transfer Service (per vehicle)</u>	\$170.00 ¹
<u>Fleet fee (per fleet)</u>	\$3,200.00 ¹
Agency with 20 or more vehicles	
<i>Quick Response Unit</i>	
<i>Inspection</i>	
<u>Emergency Medical Technician Quality Assurance Review (per vehicle)</u>	\$65.00 ¹
<u>Advanced (per vehicle)</u>	\$65.00 ¹
<i>Air Ambulance</i>	
<i>Inspection</i>	
<u>Advanced Air Ambulance (per vehicle)</u>	\$130.00 ¹
<u>Specialized (per vehicle)</u>	\$165.00 ¹
<u>Out of State (per vehicle)</u>	\$200.00 ¹

<u>Emergency Medical Dispatch Center (per center)</u>	\$65.00 ¹
<i>Quality Assurance Designation Review</i>	
<u>Resource Hospital (per hospital)</u>	\$150.00 ¹
<u>Trauma Center Verification/Quality Assurance Review</u>	\$5,000.00 ¹
<u>Trauma Designation Consultation Quality Assurance Review</u>	\$750.00 ¹
<u>Focused Quality Assurance Review</u>	\$3,000.00 ¹
<u>Emergency Patient Receiving Facility Re-designation (per Unit)</u>	\$150.00 ¹
<u>Emergency Patient Receiving Facility Initial Designation (per Unit)</u>	\$500.00 ¹
<i>Quality Assurance Application Reviews</i>	
<i>Newspaper Publications</i>	
<u>Original Air Ambulance License</u>	\$850.00 ¹
<u>Original Ground Ambulance/Paramedic License Non Contested</u>	\$850.00 ¹
<i>Newspaper Publications</i>	
<u>Original Ambulance/Paramedic License Contested</u>	Variable ¹
<u>Original Designation</u>	\$135.00 ¹
<u>Renewal Ambulance/Paramedic/Air License</u>	\$135.00 ¹
<u>Renewal Designation</u>	\$135.00 ¹
<u>Upgrade in Ambulance Service Level</u>	\$125.00 ¹
<i>Change in ownership/operator</i>	
<u>Non-contested</u>	\$850.00 ¹
<u>Contested</u>	Up to actual cost ¹
<i>Change in geographic service area</i>	
<u>Non-contested</u>	\$850.00 ¹
<u>Contested</u>	Up to actual cost ¹
<i>Quality Assurance Course Review</i>	
<i>Course Coordinator</i>	
<u>Seminar Registration</u>	\$50.00 ¹
<u>Seminar Registration Late</u>	\$25.00 ¹
<i>Emergency Medical</i>	
<u>Training and Testing Program Designation</u>	\$125.00 ¹
<i>Instructor Seminar</i>	
<u>Registration</u>	\$150.00 ¹
<u>Registration Late</u>	\$25.00 ¹
<u>Vendor</u>	\$200.00 ¹
<i>New Course Coordinator</i>	
<u>Course Coordination Certification</u>	\$75.00 ¹
<u>Course Coordination Registration Late</u>	\$25.00 ¹
<i>New Instructor</i>	
<u>Course Certification</u>	\$150.00 ¹
<u>Course Registration Late</u>	\$25.00 ¹
<i>New Training Officer</i>	
<u>Course Certification</u>	\$75.00 ¹
<u>Course Registration Late</u>	\$25.00 ¹
<i>Pediatric</i>	
<u>Advanced Life Support Course</u>	\$170.00 ¹
<u>Education for Prehospital Professionals Course</u>	\$170.00 ¹
<i>Training Officer</i>	
<u>Seminar Registration</u>	\$50.00 ¹
<u>Seminar Registration Late</u>	\$25.00 ¹
<i>Training and Seminars</i>	

<u>Additional Lunch (per Unit)</u> Trainings and Seminars	\$15.00 ¹
<u>Course Quality Assurance Review Late</u> Less than 30 days	\$25.00 ¹
<u>Emergency Vehicle Operations Instructor Course</u>	\$40.00 ¹
<u>Medical Director's Course</u>	\$50.00 ¹
<u>Management/ Leadership Seminar</u>	\$50.00 ¹
<u>Prehospital Trauma Life Support Course</u>	\$175.00 ¹
<u>Pediatric Advanced Life Support Course Renewal (per Unit)</u>	\$85.00 ¹
<i>Equipment Delivery</i>	
<u>Strike Team BLU-MED Mobile Field Response Tent Support (per Unit)</u>	\$6,000.00 ¹
<u>Rental of pediatric course equipment to for-profit agency</u>	\$150.00 ¹
<i>Registration and Certification</i>	
<u>Pediatric Education for Prehospital Professionals Course Renewal (per Unit)</u>	\$85.00 ¹
<i>Background Checks</i>	
<u>Name only</u>	\$15.00 ¹
<u>Background Check Fee</u>	\$65.00 ¹
<i>Data</i>	
<i>Pre-hospital Data</i>	
<u>Non-profits Users</u> Academic, non-profit, and other government users	\$800.00 ¹
<u>For-profit Users</u>	\$1,600.00 ¹
<i>Trauma Registry Data</i>	
<u>Non-profits Users</u> Academic, non-profit, and other government users	\$800.00 ¹
<u>For-profit Users</u>	\$1,600.00 ¹

LFH

<i>Annual License</i>	
<u>Health Facilities base</u> A base fee for health facilities plus the appropriate fee as indicated below applies to any new or renewal license.	\$260.00 ¹
<u>Facility Initial or Change of Ownership (per 100)</u>	\$100.00 ¹
<i>Direct Access Clearance System</i>	
<u>Initial Clearance</u>	\$15.00 ¹
<u>Facility Renewal</u>	\$200.00 ¹
<u>Contractor Access</u>	\$100.00 ¹
<i>Annual License</i>	
<u>Abortion Clinics</u>	\$1,800.00 ¹
<i>Two Year Licensing Base</i>	
<i>Plus the appropriate fee as listed below to any new or renewal license</i>	
<u>Health Care Facility</u> Every other year	\$520.00 ¹
<i>Health Care Providers</i>	
<i>Change Fee</i>	
<u>Health Care Providers</u> Charged to health care providers making changes to their existing license.	\$130.00 ¹
<i>Hospitals</i>	
<u>Hospital Licensed Bed</u>	\$39.00 ¹

<u>Nursing Care Facilities, and Small Health Care Facilities Licensed Bed</u>	\$31.20 ¹
<u>Residential Treatment Facilities Licensed Bed</u>	\$26.00 ¹
<u>End Stage Renal Disease Centers Licensed Station</u>	\$182.00 ¹
<u>Freestanding Ambulatory Surgery Centers (per facility)</u>	\$2,990.00 ¹
<u>Birthing Centers (per licensed unit)</u>	\$520.00 ¹
<u>Hospice Agencies</u>	\$1,495.00 ¹
<u>Home Health Agencies</u>	\$1,495.00 ¹
<u>Personal Care Agencies</u>	\$1,000.00 ¹
<u>Mammography Screening Facilities</u>	\$520.00 ¹
<i>Assisted Living Facilities</i>	
<u>Type I (per licensed bed)</u>	\$26.00 ¹
<u>Type II (per licensed bed)</u>	\$26.00 ¹
<u>The fee for each satellite and branch office of current licensed facility</u>	\$260.00 ¹
<i>Late Fee</i>	
<u>Within 1 to 14 days after expiration of license</u>	50% of scheduled fee ¹
<u>Within 15 to 30 days after expiration of license</u>	75% of scheduled fee ¹
<i>New Provider/Change in Ownership</i>	
<u>New Provider/Change in Ownership Applications for health care facilities</u>	\$747.50 ¹
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.	
<u>Assisted Living and Small Health Care Type-N (nursing focus) Limited Capacity/Change of Ownership Applications:</u>	\$325.00 ¹
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.	
<i>Application Termination or Delay</i>	
<i>If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows:</i>	
<u>Policy and Procedure Review</u>	50% of total fee ¹
<u>On-site inspections</u>	90% of total fee ¹
<i>Plan Review and Inspection</i>	
<i>Hospitals</i>	
<i>Number of Beds</i>	
<u>Up to 16</u>	\$3,445.00 ¹
<u>17 to 50</u>	\$6,890.00 ¹
<u>51 to 100</u>	\$10,335.00 ¹
<u>101 to 200</u>	\$12,870.00 ¹
<u>201 to 300</u>	\$15,470.00 ¹
<u>301 to 400</u>	\$17,192.50 ¹
<u>Over 400, base</u>	\$17,192.50 ¹
<u>Over 400, each additional bed</u>	\$37.50 ¹
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.	
<i>Nursing Care Facilities and Small Health Care Facilities</i>	
<i>Number of Beds</i>	
<u>Up to 5</u>	\$1,118.00 ¹
<u>6 to 16</u>	\$1,716.00 ¹
<u>17 to 50</u>	\$3,900.00 ¹
<u>51 to 100</u>	\$6,890.00 ¹
<u>101 to 200</u>	\$8,580.00 ¹
<u>Freestanding Ambulatory Surgical Facilities (per operating room)</u>	\$1,722.50 ¹

<u>Other Freestanding Ambulatory Facilities (per service unit)</u> Includes Birthing Centers, Abortion Clinics, and similar facilities.	\$442.00 ¹
<u>End Stage Renal Disease Facilities (per service unit)</u>	\$175.50 ¹
<i>Assisted Living Type I and Type II</i>	
<i>Number of Beds</i>	
<u>Up to 5</u>	\$598.00 ¹
<u>6 to 16</u>	\$1,196.00 ¹
<u>17 to 50</u>	\$2,762.50 ¹
<u>51 to 100</u>	\$5,167.50 ¹
<u>101 to 200</u> 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
<i>Remodels of Licensed Facilities</i>	
<u>Hospitals, Freestanding Surgery Facilities (per square foot)</u>	\$0.29 ¹
<u>All others excluding Home Health Agencies (per square foot)</u>	\$0.25 ¹
<u>Each additional required on-site inspection</u>	\$559.00 ¹
<u>Other Plan - Review Fee Policies</u> 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.	Variable ¹
<u>Health Care Facility Licensing Rules</u> Plus mailing	Actual cost ¹
<i>Certificate of Authority</i>	
<u>Health Maintenance Organization Review of Application</u>	\$650.00 ¹

LFJ

<u>Background Screening Card Replacement</u> This fee will be assessed to child care licensing providers requesting a replacement background check card.	\$5.00 ¹
<u>Background checks (per Unit)</u>	\$15.00 ¹
<i>Conditional Monitoring Inspections</i>	
<u>Center-based providers (per visit)</u> Charge per extra visit begins with the second additional visit required due to non-compliance.	\$253.00 ¹
<u>Home-based providers (per visit)</u> Charge per extra visit begins with the second additional visit required due to non-compliance.	\$245.00 ¹
<i>Annual License</i>	
<u>Annual Licensed Child Care Facility Base</u> Plus the appropriate fee as listed below to any new or renewal license	\$31.00 ¹
<u>Change in license or certificate during the license period more than twice a year</u>	\$31.00 ¹

<u>Child Care Center Facilities (per child)</u>	\$1.75 ¹
<u>Late Fee</u> Within 1 - 30 days after expiration of license facility will be assessed 50% of scheduled fee. For centers, \$15.50 plus \$.75 per child in the requested capacity. For homes, \$15.50.	Variable ¹
<i>New Provider/Change in Ownership</i>	
<u>New Provider/Change in Ownership Applications for Child Care center facilities</u> A 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. This fee will be due at the time of application.	\$200.00 ¹
<i>Other</i>	
<u>Non-compliant facilities and additional inspections for non-compliant facilities</u>	\$25.00 ¹

LGG

<i>Provider Enrollment</i>	
<u>Medicaid application fee for prospective or re-enrolling providers</u>	\$600.00 ¹

LHG

<i>Health Clinics</i>	
<u>G0402 Welcome to Medicare Preventive Physical Exam (per Unit)</u>	\$130.00 ¹
<u>G0438 Annual Wellness Check Medicare New Patient (per Unit)</u>	\$175.00 ¹
<u>G0439 Annual Wellness Check Medicare Established Patient (per Unit)</u>	\$120.00 ¹
<i>Avulsion</i>	
<u>11740 Toenail</u>	\$26.00 ¹
<u>11730 Nail Plate Single</u>	\$68.00 ¹
<u>11731 Nail Second</u>	\$42.00 ¹
<u>11732 Nail Each Additional Nail</u>	\$30.00 ¹
<u>11750 Excision for Nail/Matrix Permanent Removal</u>	\$175.00 ¹
<u>11765 Wedge Excision of Skin of Nail Fold Ingrown</u>	\$60.00 ¹
<i>Repair</i>	
<i>Simple</i>	
<u>12001 Superficial Wound 2.5 cm or Less</u>	\$192.00 ¹
<u>12002 Wound 2.6-7.5 cm</u>	\$203.00 ¹
<u>12004 Wound 7.6-12.5 cm</u>	\$133.00 ¹
<u>12005 Wound 12.6-20.0 cm</u>	\$166.00 ¹
<u>12011 Face/Ear/Nose/Lip 2.5 cm or Less</u>	\$234.00 ¹
<u>12032 Layer Closure Scalp/Extremities/Trunk 2.6-7.5 cm</u>	\$151.00 ¹
<u>12035 Layer Closure Scalp/Extremities/Trunk 12.6-20 cm</u>	\$227.00 ¹
<u>13120 Complex Scalp/Arms/Legs</u>	\$146.00 ¹
<u>16020 Burn Dress without Anesthesia Office/Hospital Small</u>	\$35.00 ¹
<u>16025 Burn Dress without Anesthesia Medical Face/Extremities</u>	\$68.00 ¹
<i>Destruction</i>	
<u>17000 Any Method Benign First Lesion</u>	\$100.00 ¹
<u>17003 Add-on Benign/Pre-malignant</u>	\$47.00 ¹

<u>17004 Benign Lesion 15 or More</u>	\$182.00
<u>17110 Flat Wart for Up to 15</u>	\$125.00
<u>17111 Flat Warts for 15 and More</u>	\$150.00
<i>Malignant</i>	
<u>17260 Trunk/Arm/Leg 0.5 or Less</u>	\$58.00
<u>17280 Lesion Face 0.5 cm Less</u>	\$76.00
<u>17281 Lesion Face 0.6-1</u>	\$109.00
<u>20520 Foreign Body Removal Simple</u>	\$120.00
<u>20550 Injection for Trigger Point Tendon/Ligament/Ganglion</u>	\$57.00
<u>20552 Trigger Point Injection (TPI)</u>	\$65.00
<i>Arthrocentesis</i>	
<u>20600 Small Joint/Ganglion Fingers/Toes</u>	\$50.00
<u>20610 Major Joint/Bursa Shoulder/Knee</u>	\$104.00
<u>20605 Intermediate Joint/Bursa Ankle/Elbow</u>	\$52.00
<u>211 Community Service</u>	\$52.00
<u>28190 Foreign Body Removal for Foot Subcutaneous</u>	\$125.00
<u>30901 Cauterize (Limited) for Control Nasal Hemorrhage/Anterior/Simple</u>	\$60.00
<u>36415 Venipuncture</u>	\$6.00
<u>44641 Excision for Malignant Lesion</u>	\$131.00
<u>46083 Incision for Thrombosed Hemorrhoid, External</u>	\$104.00
<u>46600 Anoscope</u>	\$23.00
<u>52000 Cystoscopy</u>	\$125.00
<u>53670 Catheterization, Urinary, Simple</u>	\$30.00
<i>Colposcopy</i>	
<u>57421 Biopsy of Vagina/Cervix</u>	\$156.00
<u>57455 Cervix With Biopsy</u>	\$156.00
<u>57456 Cervix With Electrocautery conization</u>	\$146.00
<u>57511 Cryocautery Cervix for Initial or Repeat</u>	\$83.00
<u>58300 Insertion of Intrauterine Device</u>	\$104.00
<u>58301 Removal of Intrauterine Device</u>	\$163.00
<u>60001 Aspiration/Injection Thyroid Gland</u>	\$81.00
<i>Removal Foreign Body, External</i>	
<u>65025 Eye, Superficial</u>	\$173.00
<u>65220 Eye, Corneal</u>	\$215.00
<u>69200 Auditory Canal without General Anesthesia</u>	\$150.00
<u>69210 Cerumen Removal/One or Both Ears</u>	\$78.00
<u>80048 Basic Metabolic Profile</u>	\$6.00
<u>80053 Metabolic Panel Labs Comprehensive</u>	\$6.00
<u>80061 Lipid Panel Labs</u>	\$6.00
<u>80061 Quick Lipid Panel</u>	\$6.00
<u>80076 Hepatic Function Panel</u>	\$6.00
<u>80100 Drug Screen for Multiple Drug Classes</u>	\$26.00
<u>80101 Drug Screen for Single Drug Class</u>	\$26.00
<u>80176 Xylocaine 0-55 cc</u>	\$29.00
<i>Urine Analysis</i>	
<u>81000 with Microscope</u>	\$10.00
<u>81002</u>	\$10.00
<u>81003 Automated and without Microscope</u>	\$10.00
<u>81025 Human Chorionic Gonadotropin</u>	\$22.00

Urine	
<u>82043 Microalbumin</u>	\$16.00
<u>82055 Alcohol Screen</u>	\$21.00
<u>82270 Hemocult</u> Feces Screening	\$7.00
<u>82570 Creatinine</u>	\$12.00
<u>82728 Ferritin</u>	\$26.00
<u>82948 Glucose for Blood, Regent Strip</u>	\$6.00
<u>82962 Glucose for Monitoring Device</u>	\$6.00
<u>83036 Hemoglobin A1C (long-term blood sugar test)</u>	\$23.00
<u>83540 Iron</u>	\$31.00
<u>84443 Thyroid Stimulating Hormone Labs</u>	\$10.00
<u>84460 Alanine Amino Test</u>	\$15.00
<u>85013 Hematocrit</u>	\$5.00
<u>85025 Complete Blood Count Labs</u>	\$5.00
<u>85610 Prothrombin Time</u>	\$10.00
<u>85651 Erythrocyte Sedimentation Test</u>	\$11.00
<u>85652 Sedimentation Rate</u>	\$11.00
<u>86308 Mononucleosis test</u>	\$15.00
<u>86318 Helicobacter Pylori test</u>	\$23.00
<u>86318 Quick Helicobacter Pylori test</u>	\$23.00
<u>86403 Monospot</u>	\$18.00
<u>85680 Purified Protein Derivative/Tuberculosis Test</u>	\$9.00
<i>Culture</i>	
<u>87060 Strep</u>	\$17.00
<i>Bacterial</i>	
<u>87070 Any Other Source</u>	\$16.00
<u>87077 Incision and Drainage</u>	\$16.00
<u>87081 Single Organism</u>	\$14.00
<u>87082 Presumptive, Pathogenic Organism Screen</u>	\$16.00
<u>87086 Bacterial Urine</u>	\$12.00
<u>87088 Bacterial Urine Identification and Quantification</u>	\$12.00
<u>87102 Fungal</u>	\$16.00
<u>87106 Yeast</u>	\$8.00
<u>87110 Chlamydia</u>	\$16.00
<u>87220 Potassium Hydroxide for Wet Prep</u>	\$10.00
<u>87804 Influenza A</u> Quick Test	\$23.00
<u>87880 Strep</u> Quick Test	\$26.00
<u>87880 Quick Strep for Test for Medicaid/Medicare</u>	\$26.00
<u>88147 Papanicolaou (PAP) Smear for Cervical or Vaginal</u>	\$42.00
<u>88164 Cytopathology, Slides, Cervical or Vagina</u>	\$26.00
<u>90471 Immunization Administration for One Vaccine</u>	\$25.00
<u>90472 Immunization Administration for Additional Vaccine</u>	\$12.00
<u>90620 Supplemental Security Income Exam Initial Consult</u>	\$133.00
<i>Immunization</i>	
<i>Hepatitis</i>	
<u>90632 A for 19+ Years</u>	\$78.00
<u>90634 A for Pediatric-Adolescent</u>	\$42.00
<u>90636 A and B Adult</u>	\$90.00

<u>90645 Haemophilus Influenza B</u>	\$47.00
<u>90649 Gardasil Human Papillomavirus Vaccine</u>	\$156.00
<u>90658 Influenza Virus Vaccine</u>	\$21.00
<u>90669 Pneumococcal > 5 years old Only</u>	\$104.00
<u>90701 Diphtheria Tetanus Pertussis</u>	\$42.00
<u>90702 Diphtheria Tetanus</u>	\$14.00
<u>90703 Tetanus</u>	\$26.00
<u>90707 Measles Mumps Rubella</u>	\$42.00
<u>90715 Adacel - Tetanus Diphtheria Vaccine</u>	\$73.00
<u>90716 Varicella</u>	\$8.00
<u>90732 Pneumovax Shot</u>	\$36.00
<u>90734 Meningitis</u>	\$5.00
<u>90744 Hepatitis B/Newborn-18 Years</u>	\$73.00
<u>90746 Hepatitis B 19+ Years Adult</u>	\$88.00
<u>90772 Injection Therapeutic, Diagnosis</u>	\$18.00
<u>90805 Psychiatric Diagnosis Interview Follow-up Visit</u>	\$68.00
<u>92552 Audiometry</u>	\$19.00
<u>93000 Electrocardiogram</u>	\$36.00
<u>93015 Cardiovascular Stress Test Treadmill</u>	\$130.00
<u>93926 Duplex Scan Limited Study</u>	\$130.00
<u>93965 Doppler of Extremity</u>	\$132.00
<u>94010 Spirometry</u>	\$52.00
<u>94060 Spirometry with Bronchodilators</u>	\$64.00
<u>94200 Peak Flow</u>	\$21.00
<u>94640 Intermittent Pause Pressure Breathing Device - Nebulizer Breathing</u>	\$42.00
<u>94760 Pulse Oximetry - Oxygen Saturation</u>	\$10.00
<u>95115 Injections for Allergy Only 1</u>	\$15.00
<u>95117 Injections for Allergy 2 or More</u>	\$16.00
<u>95860 Electromyogram 1</u>	\$81.00
<u>95861 Electromyogram 2</u>	\$139.00
<u>95900 Nerve Conduction Velocity Motor</u>	\$42.00
<u>95904 Nerve Conduction Velocity Sensory</u>	\$35.00
<u>97035 Ultrasound</u>	\$16.00
<u>97110 Therapy</u>	\$24.00
<u>97124 Massage</u>	\$13.00
<u>97260 Manipulate for Spinal 1 Area</u>	\$16.00
<u>99050 After Hours</u>	\$24.00
<u>99058 Emergency Visit</u>	\$36.00
<u>99070 Supplies for Above and Beyond Customary</u>	\$19.00
<u>99080 Form 20 Disability Exam</u>	\$88.00
<u>99173 Visual Acuity Screening Test</u>	\$10.00
<i>New Patient</i>	
<u>99201 Brief</u>	\$47.00
<u>99201N Brief Night</u>	\$47.00
<u>99202 Limited</u>	\$81.00
<u>99202N Limited Night</u>	\$81.00
<u>99203 Intermediate</u>	\$120.00
<u>99203N Intermediate Night</u>	

<u>99204 Extended</u>	\$182.00 ¹	\$120.00 ¹
<u>99204N Extended Night</u>		\$182.00 ¹
<u>99205 Comprehensive</u>		\$229.00 ¹
<u>99205N Comprehensive Night</u>		\$229.00 ¹
<i>Established Patient</i>		
<u>99211 Brief</u>		\$28.00 ¹
<u>99211N Brief Night</u>		\$28.00 ¹
<u>99212 Limited</u>		\$47.00 ¹
<u>99212N Limited Night</u>		\$47.00 ¹
<u>99213 Intermediate</u>		\$73.00 ¹
<u>99213N Intermediate Night</u>		\$73.00 ¹
<u>99214 Extended</u>		\$110.00 ¹
<u>99214N Extended Night</u>		\$110.00 ¹
<u>99215 Comprehensive</u>		\$151.00 ¹
<u>99215N Comprehensive Night</u>		\$151.00 ¹
<i>Consult With Another Physician</i>		
<u>99241 History, Exam, Straightforward</u>		\$36.00 ¹
<u>99242 Expanded History and Exam Straightforward</u>		\$57.00 ¹
<u>99243 Detailed History, Exam</u> Low Complexity		\$79.00 ¹
<u>99244 Comprehensive History, Exam</u> Moderate Complexity		\$99.00 ¹
<u>99245 Office Consult for New or Established Patient</u>		\$426.00 ¹
<u>99354 Prolonged Services for one Hour</u>		\$73.00 ¹
<u>99361 Medical Conference by Physicians</u>		\$52.00 ¹
<i>Check</i>		
<u>99381 New Patient Under 1</u>		\$140.00 ¹
<u>99382 New Patient Age 1-4</u>		\$145.00 ¹
<u>99383 New Patient Age 5-11</u>		\$150.00 ¹
<u>99384 Age 12-17</u>		\$165.00 ¹
<u>99385 Age 18-20</u>		\$160.00 ¹
<u>99391 Under 1</u>		\$125.00 ¹
<u>99392 Age 1-4</u>		\$130.00 ¹
<u>99393 Age 5-11</u>		\$130.00 ¹
<u>99394 Age 12-17</u>		\$145.00 ¹
<u>99395 Age 18-20</u>		\$150.00 ¹
<u>99396 Medical Evaluation for Adult 40-64</u>		\$155.00 ¹
<u>99397 Medical Evaluation for 65 Years and Over</u>		\$170.00 ¹
<u>99402 Preventive Medicine Counseling 30-44 Minutes</u>		\$468.00 ¹
<u>99432 Newborn Normal Care - In Office</u>		\$42.00 ¹
<u>A4460 Ace Wrap (per roll)</u>		\$7.00 ¹
<u>A4550 Surgical Tray</u>		\$42.00 ¹
<u>A4565 Sling</u>		\$21.00 ¹
<u>A4570 Splint</u>		\$23.00 ¹
<u>Complete Blood Count</u>		\$5.00 ¹
<u>Complete Metabolic Panel</u>		\$6.00 ¹
<u>Cornell Well Child Check Visits</u>		\$36.00 ¹
<u>Form 21</u> Disability Exam		\$73.00 ¹
<u>Federal Aviation Administration Exam</u>		\$52.00 ¹
<u>G0008 Flu Shot Administration for Medicare</u>		\$8.00 ¹

<u>G0009 Injection Administration for Pneumonia without Physician for Medicare</u>	\$4.00
<u>G0010 Hepatitis B Vaccine Administration</u>	\$5.00
<u>G0101 Papanicolaou (PAP) with Breast Exam Cervical/Vaginal Screen</u>	\$42.00
<i>Medicare</i>	
<u>G0107 Hemocult</u>	\$10.00
<u>G0179 Physician Re-certification for Home Health</u>	\$83.00
<u>G0180 Physician Certification for Home Health</u>	\$83.00
<u>J0170 Injection for Epinephrine</u>	\$10.00
<u>J0290 Injection for Ampicillin Sodium 500 mg</u>	\$8.00
<u>J0540 Bicillin 1.2 million units</u>	\$38.00
<u>J0696 Rocephin 250 mg</u>	\$47.00
<u>J0702 Injection for Celestone 3 mg</u>	\$12.00
<u>J0704 Injection for Celestone 4 mg</u>	\$12.00
<u>J0780 Compazine up to 10 mg</u>	\$16.00
<u>J0810 Solu Medrol 150 mg</u>	\$21.00
<u>J1000 Estradiol</u>	\$12.00
<u>J1055 Depo-Provera</u>	\$88.00
<u>J1200 Benadryl up to 50 mg</u>	\$10.00
<u>J1390 Estrogen</u>	\$31.00
<u>J1470 Gamma Globulin 2 cc</u>	\$21.00
<u>J1820 Insulin up to 100 units</u>	\$10.00
<u>J1885 Toradol 15 mg</u>	\$21.00
<u>J2000 Xylocaine 0-55 cc</u>	\$5.00
<u>J2550 Phenergan up to 50 mg</u>	\$10.00
<u>J3130 Testosterone</u>	\$31.00
<u>J3301 Kenalog-10 Per 10 mg</u>	\$31.00
<u>J3401 Vistaril 25 mg</u>	\$12.00
<u>J3420 Injection B-12</u>	\$10.00
<u>J7300 Intrauterine copper contraceptive contraception</u>	\$600.00
<u>J7302 Levonorgestrel-releasing intrauterine contraceptive (per Unit)</u>	\$800.00
<u>J7320 Hyalgan, Synvisc Knee Injection</u>	\$281.00
<u>J7620 Albuterol Per ml, Inhalation Solution Durable Medical Equipment</u>	\$3.00
<u>J7625 Albuterol Sulfate 0.5%/ml Inhalation Solution Administration</u>	\$4.00
<u>L3908 Wrist Splint</u>	\$44.00
<u>Liver Function Test</u>	\$6.00
<u>Lipid</u>	\$17.00
<u>PSATE0000 Prostate Specific Antigen Test</u>	\$42.00
<u>Residual Functional Capacity Questionnaire</u>	\$52.00
<u>S0020 Marcaine up to 30 ml</u>	\$18.00
<u>S9981 Medical Records Copying Fee, Administration</u>	\$6.00
<u>Supplemental Security Insurance Exam</u>	\$113.00
<u>Thin Prep</u>	\$140.00
<u>Thyroid Stimulating Hormone</u>	\$19.00
<u>Y4600 Injection for Pediatric Immunization Only</u>	\$11.00
<u>10040 Acne Surgery</u>	\$48.00
<u>Y9051 Records Sent to Case Worker</u>	\$16.00
<u>Artificial Insemination 58321 (per Unit)</u>	\$250.00
<u>Malignant lesion removal 0.5 cm or less 11600 (per Unit)</u>	\$120.00
<u>Typhoid 90691 (per Unit)</u>	\$75.00

<u>IV Monitoring each additional hour 96361 (per Unit)</u>	\$20.00
<i>Health Clinics</i>	
<u>76801 Ultrasound, pregnancy uterus, first trimester trans-abdominal approach (per Unit)</u>	\$130.00
<u>10006 Same Day Cancellation, Established Patient (per Unit)</u>	\$35.00
<u>10007 No Show Fee, Established Patient (per Unit)</u>	\$35.00
<u>10008 No Show Fee, Established Patient, Endodontist Appointment (per Unit)</u>	\$75.00
<u>10009 No Show Fee, Established Patient, Hospital Sedation (per Unit)</u>	\$100.00
<u>International Normalized Ratio home testing review G0250 (per Unit)</u>	\$8.00
<u>90791 Psychiatric diagnosis evaluation w/o medical service (per 15 minutes)</u>	\$40.00
<u>A6402 Gauze, less than 16 square inch (per Unit)</u>	\$1.00
<u>58100 Colposcopy w/ or w/o endocervical sampling (per Unit)</u>	\$130.00
<u>76815 Ultrasound, pregnancy uterus, with image limited (per Unit)</u>	\$100.00
<u>58110 Endometrial sampling in conjunction with colposcopy (per Unit)</u>	\$65.00
<u>31505 Laryngoscopy (per Unit)</u>	\$70.00
<u>1000cc normal saline J7030 (per Unit)</u>	\$10.00
<u>IV Monitoring 1st half hour 96360 (per Unit)</u>	\$60.00
<i>Arterial Studies</i>	
<u>93923 (per Unit)</u>	\$182.00
<u>93924 (per Unit)</u>	\$221.00
<u>93922 (per Unit)</u>	\$120.00
<i>Family Dental Plan</i>	
<u>D1352 Preventive Resin Restoration in a Moderate to High Caries Risk Patient (per Unit)</u>	\$30.00
<u>D2940 Protective Restoration (per Unit)</u>	\$50.00
<u>D2952 Post and Core in Addition to Crown (per Unit)</u>	\$190.00
<u>D6930 Recement a Three Unit Bridge (per Unit)</u>	\$65.00
<u>D7530 Surgical Incision (per Unit)</u>	\$240.00
<u>D7910 Suture of Recent Small Wounds up to 5 cm (per Unit)</u>	\$192.00
<u>D9420 Hospital or Ambulatory Surgical Center Call (per Unit)</u>	\$75.00
<u>D9440 After Hours Office Visit (per Unit)</u>	\$66.00
<u>D9910 Application of Desensitizing Medicament (per Unit)</u>	\$20.00
<u>D9930 Treatment of Complications (per Unit)</u>	\$65.00
<i>Preventive</i>	
<u>D1110 Prophylaxis-adult</u>	\$61.00
<u>D1120 Prophylaxis-child</u>	\$42.00
<u>D1203 Topical application of fluoride excluding prophy</u>	\$20.00
<u>D1206 Topical Fluoride Varnish: Therapeutic Application High Risk (per Unit)</u>	\$23.00
<u>D1208 Topical Application of Fluoride (per Unit)</u>	\$23.00
<u>D1351 Sealant (per tooth)</u>	\$34.00
<u>D4341 Periodontal Scaling and Root Planning Four or More Contiguous Teeth or Bounded Teeth Spaces, per Quadrant (per Unit)</u>	\$188.00
<u>D4342 Periodontal Scaling and Root Planning 1-3 teeth, Per Quadrant (per Unit)</u>	\$110.00
<u>D4355 Full mouth debridement</u>	\$121.00
<u>D4910 Periodontal Maintenance (per Unit)</u>	\$115.00
<u>D4921- Gingival Irrigation/Per Quadrant (per Unit)</u>	\$5.00
<i>Oral Evaluation</i>	
<u>D0120 Periodic</u>	\$31.00
<u>D0140 Limited</u>	\$50.00
<u>D0150 Comprehensive</u>	\$52.00
<u>D0170 Re-evaluation - Limited, Problem Focused (Established Patient) (per Unit)</u>	\$42.00
<u>D0180 Comprehensive Periodontal Evaluation (per Unit)</u>	\$44.00
<u>D0190 Screening of Patient (per Unit)</u>	

<u>D0191 Assessment of Patient (per Unit)</u>	\$13.00 ¹	\$13.00 ¹
<u>D0210 Intraoral - complete series including Bitewings</u>		\$88.00 ¹
<u>D0220 Intraoral periapical</u> First film		\$17.00 ¹
<u>D0230 Intraoral periapical</u> Additional film		\$13.00 ¹
<u>D0240 Intraoral Occlusal Radiographic Image (per Unit)</u>		\$14.00 ¹
<u>D0270 Bitewing</u> Cost of single film		\$17.00 ¹
<u>D0272 Bitewing</u> Cost of two film		\$28.00 ¹
<u>D0273 Bitewings - Three Films (per Unit)</u>		\$32.00 ¹
<u>D0274 Bitewing</u> Cost of four film		\$40.00 ¹
<u>D0330 Panoramic Film</u>		\$77.00 ¹
<u>D9110 Palliative (Emergency) Treatment for Pain - Minor Procedure (per Unit)</u>		\$72.00 ¹
<i>Space Maintainer</i>		
<u>D1510 Fixed unilateral</u>		\$204.00 ¹
<u>D1515 Fixed bilateral</u>		\$269.00 ¹
<u>D1520 Removable unilateral</u>		\$245.00 ¹
<u>D1525 Removable bilateral</u>		\$346.00 ¹
<u>D1550 Recement</u>		\$46.00 ¹
<i>Amalgam</i>		
<u>D2140 One surface</u>		\$78.00 ¹
<u>D2150 Two surface</u>		\$102.00 ¹
<u>D2160 Three surface</u>		\$121.00 ¹
<u>D2161 4 or more surface</u>		\$146.00 ¹
<i>Resin</i>		
<u>D2330 One surface, anterior</u>		\$97.00 ¹
<u>D2331 Two surface, anterior</u>		\$121.00 ¹
<u>D2332 Three surface, anterior</u>		\$144.00 ¹
<u>D2335 4 or more surface-can be incisal angle, anterior</u>		\$172.00 ¹
<u>D2390 Resin-Based Composite Crown, Anterior (per Unit)</u>		\$224.00 ¹
<u>D2391 One surface, posterior</u>		\$108.00 ¹
<u>D2392 Resin-Based Composite - Two Surfaces, Posterior (per Unit)</u>		\$144.00 ¹
<u>D2393 Resin-Based Composite - Three Surfaces, Posterior (per Unit)</u>		\$174.00 ¹
<u>D2394 Resin-Based Composite - Four or More Surfaces, Posterior (per Unit)</u>		\$210.00 ¹
<i>Root Canal Therapy</i>		
<u>D3310 Anterior</u>		\$533.00 ¹
<u>D3320 Bicuspid</u>		\$562.00 ¹
<u>D3330 1st molar</u>		\$841.00 ¹
<u>D3110 Pulp Cap-Direct (Excluding Final Restoration) (per Unit)</u>		\$48.00 ¹
<u>D3120 Pulp Cap-Indirect (Excluding Final Restoration) (per Unit)</u>		\$48.00 ¹
<u>D3220 Therapeutic pulpotomy</u>		\$98.00 ¹
<u>D3221 Open and Medicate</u>		\$109.00 ¹
<u>D3230 Pulpal Therapy-Anterior Primary Tooth (per Unit)</u>		\$120.00 ¹
<u>D3240 Pulpal Therapy-Posterior Primary Tooth (per Unit)</u>		\$150.00 ¹
<u>D3410 Apicoectomy/periradicular surgery - bicuspid</u>		\$478.00 ¹
<u>D3421 Apicoectomy/periradicular surgery - bicuspid (1st root) (per Unit)</u>		\$502.00 ¹
<u>D3425 Apicoectomy/periradicular surgery - molar (1st root) (per Unit)</u>		\$600.00 ¹
<u>D3426 Apicoectomy/periradicular surgery - (Each additional root) (per Unit)</u>		\$192.00 ¹
<u>D3430 Retrograde filling</u>		

<u>2700 Fee, Dental - Crown, Rush Procedure (per Unit)</u>	\$60.00 ¹	\$145.00 ¹
<u>D2740 Crown, Porcelain/Ceramic Substrate (per Unit)</u>		\$650.00 ¹
<u>D2750 Crown, Porcelain fused to High Noble Metal (per Unit)</u>		\$650.00 ¹
<u>D2751 Crown, Porcelain fused to Predominantly Base Metal (per Unit)</u>		\$650.00 ¹
<u>D2752 Crown, Porcelain fused to Noble Metal (per Unit)</u>		\$650.00 ¹
<u>D2751 Crown-porcelain fused to majority base metal</u>		\$650.00 ¹
<u>D2980 Crown Repair, By Report (per Unit)</u>		\$120.00 ¹
<u>D2920 Recement Crown</u>		\$59.00 ¹
<u>D2930 Refabricated stainless steel crown-primary</u>		\$160.00 ¹
<u>D2931 Refabricated stainless steel crown-permanent</u>		\$181.00 ¹
<u>D2950 Core build-up</u>		\$152.00 ¹
<u>D2951 Pin retention (per tooth)</u>		\$35.00 ¹
<u>D2954 Prefabricated post and core</u>		\$193.00 ¹
<u>D6240 Pontic, Porcelain fused to High Noble Metal (per Unit)</u>		\$650.00 ¹
<u>D6245 Pontic, Porcelain/Ceramic (per Unit)</u>		\$650.00 ¹
<u>D6740 Crown, Porcelain/Ceramic (per Unit)</u>		\$650.00 ¹
<u>D6242 Pontic, Porcelain fused to Noble Metal (per Unit)</u>		\$650.00 ¹
<u>D6750 Pontic, Porcelain fused to High Noble Metal (per Unit)</u>		\$650.00 ¹
<u>D6751 Pontic, Porcelain fused to Predominantly Base Metal (per Unit)</u>		\$650.00 ¹
<u>D6752 Pontic, Porcelain fused to Noble Metal (per Unit)</u>		\$650.00 ¹
<u>D6930 Recement Bridge (per Unit)</u>		\$78.00 ¹
<i>Surgical Procedure</i>		
<u>D4210 Gingivectomy or Gingivoplasty (per Unit)</u>		\$360.00 ¹
<u>D7111 Coronal Remnants</u>		\$74.00 ¹
<u>D7140 Single tooth extraction</u>		\$94.00 ¹
<u>D7210 Surgical removal erupted tooth</u>		\$167.00 ¹
<u>D7270 Tooth re-implantation with stabilization</u>		\$187.00 ¹
<u>D7286 Biopsy of oral tissue</u>		\$125.00 ¹
<u>D7410 Excision of benign tumor</u>		\$218.00 ¹
<u>D7510 Incision and drainage of abscess</u>		\$126.00 ¹
<u>D7960 Frenulectomy</u>		\$178.00 ¹
<u>D9230 Nitrous sedation/inhalation (per Unit)</u>		\$55.00 ¹
<u>D9248 Non-intravenous Conscious Sedation</u>		\$120.00 ¹
<i>Denture</i>		
<u>D5110 Complete upper</u>		\$734.00 ¹
<u>D5120 Complete lower</u>		\$734.00 ¹
<u>D5130 Immediate upper</u>		\$801.00 ¹
<u>D5140 Immediate lower</u>		\$801.00 ¹
<u>D5211 Upper partial-resin base</u>		\$621.00 ¹
<u>D5212 Lower partial-resin base</u>		\$720.00 ¹
<u>D5213 Upper partial-cast metal frame with resin base</u>		\$811.00 ¹
<u>D5214 Lower partial-cast metal frame with resin base</u>		\$811.00 ¹
<u>D5410 Adjust complete upper</u>		\$66.00 ¹
<u>D5411 Adjust complete lower</u>		\$66.00 ¹
<u>D5421 Adjust partial upper</u>		\$66.00 ¹
<u>D5422 Adjust partial lower</u>		\$66.00 ¹
<u>D5510 Repair broken complete base</u>		\$224.00 ¹
<u>D5520 Replace missing/broken teeth complete</u>		\$125.00 ¹
<u>D5610 Repair resin base-partial</u>		\$156.00 ¹
<u>D5620 Repair cast framework (per Unit)</u>		\$180.00 ¹

<u>D5650 Add tooth to existing partial</u>	\$144.00
<u>D5630 Repair or replace broken clasp</u>	\$168.00
<u>D5640 Replace broken teeth (per tooth)</u>	\$89.00
<u>D5750 Reline complete upper</u>	\$270.00
<u>D5751 Reline complete lower</u>	\$270.00
<u>D5760 Reline upper partial</u>	\$269.00
<u>D5761 Reline lower partial</u>	\$269.00
<u>D5850 Tissue Conditioning Maxillary (per Unit)</u>	\$120.00
<u>D5851 Tissue Conditioning Mandibular (per Unit)</u>	\$120.00
<u>D6241 Pontic, Porcelain fused to Predominantly Base Metal (per Unit)</u>	\$650.00
<u>D5660 Add Clasp to Existing Partial Denture (per Unit)</u>	\$140.00
<i>Health Clinics</i>	
<u>A6403 Gauze, 16-48 square inch (per Unit)</u>	\$2.00
<u>96372 Injection administration (per Unit)</u>	\$25.00
<u>Wood filler/paste A6261 (per Unit)</u>	\$40.00
<u>Viscous Lidocaine J8499 (per Unit)</u>	\$5.00
<u>Progesterone J2675 (per Unit)</u>	\$4.00
<u>99188 App Topical Fluoride Varnish (per Unit)</u>	\$20.00
<u>76805 Ultrasound, pregnancy uterus, after first trimester trans-abdominal approach (per Unit)</u>	\$150.00
<u>99386 New patient well exam (per Unit)</u>	\$185.00
<u>99387 New patient well exam (per Unit)</u>	\$200.00
<i>Incision and Drainage</i>	
<u>10060 Abscess Simple/Single</u>	\$68.00
<u>10061 Complicated or Multiple</u>	\$125.00
<u>10080 Pilonidal Cyst Simple</u>	\$73.00
<u>10120 Incision and Removal Foreign Object-Simple</u>	\$73.00
<u>10140 Incision and Drainage of Cyst, Hematoma or Seroma</u>	\$130.00
<u>10160 Puncture Aspiration of Abscess, Hematoma</u>	\$52.00
<i>Debridement</i>	
<u>11000 Infected Skin up to 10%</u>	\$57.00
<u>11040 Skin Partial Thickness</u>	\$44.00
<u>11041 Skin Full Thickness</u>	\$52.00
<u>11042 Skin and Subcutaneous Tissue</u>	\$110.00
<u>11044 Skin, Tissue, Muscle, Bone</u>	\$218.00
<u>11100 Biopsy for Skin Lesion Subcutaneous</u>	\$62.00
<u>11101 Biopsy for Skin Subcutaneous Each Separate/Additional Lesion</u>	\$32.00
<u>11200 Removal Skin Tags 1-15</u>	\$105.00
<u>11201 Removal Skin tag any area, Each Add 10 Lesion</u>	\$14.00
<u>11300 Shave Biopsy for Epidermal/Dermal Lesion 1 Trunk-Neck</u>	\$47.00
<u>11305 Shave Excision and Electrocautery</u>	\$67.00
<u>11310 Surgery by Electrocautery</u>	\$42.00
<i>Excision</i>	
<i>Benign</i>	
<i>Trunk/Arm/Leg</i>	
<u>11400 Lesion 0.5cm or Less</u>	\$90.00
<u>11401 Lesion 0.6-1cm</u>	\$110.00
<u>11402 Lesion 1.1-2.0 cm</u>	\$122.00
<u>11403 2.1-3.0 cm</u>	\$142.00
<u>11404 3.1-4.0 cm</u>	\$160.00
<u>11420 Scalp/Neck/Genital 0.5 or less</u>	

<u>11421 Lesion 0.6-1.0 cm</u>	\$125.00 ¹	\$90.00 ¹
<u>11422 Subcutaneous/Neck/Genital/Feet 1.1-2.0 cm</u>		\$140.00 ¹
<u>11423 Cyst</u>		\$150.00 ¹
<u>11440 Benign Face/Ear/Eyelid 0.5cm/less</u>		\$100.00 ¹
<u>11441 Benign Lesion Face/Ear/Eye/Nose 0.6-1.0 cm</u>		\$125.00 ¹
<u>11602 Malignant Trunk/Arm/Leg 1.1-2.0 cm</u>		\$112.00 ¹
<u>11604 3.1-4.0 cm</u>		\$166.00 ¹
<i>Malignant</i>		
<u>11622 Lesion Scalp/Neck/Hand/Feet/Genital 1.1-2.0 cm</u>		\$166.00 ¹
<u>11641 Face/Nose/Ear 0.6-1.0 cm</u>		\$131.00 ¹
<u>11642 Face/Nose Ears 1.1-2.0 cm</u>		\$172.00 ¹
<u>11720 Debridement for Nails 1-5</u>		\$27.00 ¹
<u>11721 Debridement for Nails 6 or More</u>		\$55.00 ¹

LPA

<i>Quarterly Premium</i>		
<u>Plan B</u>	138%-150% of Poverty Level	\$30.00 ¹
<u>Plan C</u>	150%-200% of Poverty Level	\$75.00 ¹
<u>Late</u>		\$15.00 ¹