



**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** January 24, 2019

**RE:** *Approval of Revision to Southern Nevada Health District Clinical Services and Lab Fee Schedule*

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**PETITION #02-19**

**That the Southern Nevada District Board of Health** *adopt the attached Clinical Services and Lab Fee Schedule effective upon approval.*

**PETITIONERS:**

**Ernest Blazzard, Financial Services Manager** *EB*  
**Todd Bleak, Pharm.D., MBA, AAHIVP, Clinical Pharmacist** *TB*  
**JoAnn Rupiper, Chief Administrative Nurse** *JR*  
**Michael Johnson, PhD, Director of Community Health** *MJ*  
**Fermin Leguen, MD, MPH, Director of Clinical Services** *FL*  
**Andrew J. Glass, FACHE, MS, Director of Administration** *AG*  
**Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer** *JPI*

**DISCUSSION:**

The Southern Nevada Health District uses a cost allocation methodology in determining fees for services. The Health District includes costs for staff (salaries and benefits), costs for supplies, costs for product, and overhead in the calculation. Included are fees associated with the Family Planning Sliding Fee Scale. Proposed additions and changes to the Health District's Clinical Services and Lab fee schedule reflect these costs, which is an accurate reflection of the costs to deliver the services, and are indicative of price increases from vendors. In clinical pharmacy, an additional methodology using the average weighted price assisted in setting the fee for the medications. These changes will be effective immediately upon approval.

**FUNDING:**

No funds are required in approving the above requested action.

**Southern Nevada Health District  
Clinical Services Fee Schedule  
(Effective Immediately Upon Approval)**

Dental Hygiene Services	CDT	2017 Approved Fee	Proposed Fee	Self Pay Discounted Fee
Screening of Patient	D0190	39.00	39.00	31.20
Assessment of Patient	D0191	39.00	39.00	31.20
Prophylaxis – adult	D1110	-	75.00	60.00
Prophylaxis – child	D1120	-	75.00	60.00
Topical Fluoride Varnish (DH)	D1206	53.00	53.00	42.40
Oral Hygiene Instructions	D1330	-	15.00	12.00
Dental Sealant Per Tooth	D1351	37.00	37.00	29.60
Sealant repair - per tooth	D1353	-	25.00	20.00
Interm caries arresting medication application, per tooth	D1354	-	18.00	14.40
Periodontal scaling and root planing – four or more teeth per quadrant	D4341	-	154.00	123.20
Periodontal scaling and root planing - one to three teeth per quadrant	D4342	-	83.00	66.40
Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	D4346	-	277.00	221.60
Full mouth debridement to enable comprehensive evaluation and diagnosis	D4355	-	112.00	89.60
Localized delivery of antimicrobial agent - per tooth	D4381	-	105.00	84.00
Periodontal maintenance	D4910	-	62.00	49.60
Consultation with a medical health care professional	D9311	-	55.00	44.00
Office visit for observation (during regularly scheduled hours) – no other services performed	D9430	-	37.00	29.60
Dental case management – addressing appointment compliance barriers	D9991	-	15.00	12.00
Dental case management – care coordination	D9992	-	31.00	24.80
Dental case management – motivational interviewing	D9993	-	15.00	12.00
Dental case management – patient education to improve oral health literacy	D9994	-	15.00	12.00

**NOTES**

Whichever is applicable.

1. Costs includes Labor/FB, CS admin OH, Overhead Multiplier and markup of costs
2. Medicaid Reimbursement Rate - Provider 22 (Dentist) with markup rate

Sliding fee scale based on FPL

20% Discount for full payment on uninsured at 250% FP or 200% FQHC

**Southern Nevada Health District  
Clinical Services Fee Schedule  
(Effective Immediately Upon Approval)**

Office Visits			2017 Approved Fee	Proposed Fee	Self Pay Discounted Fee
<b>Evaluation &amp; Management Visits</b>					
	New Patient				
MD/APRN	99201	Problem Focused	115.00	115.00	92.00
MD/APRN	99202	Expanded Problem Focused	175.00	175.00	140.00
MD/APRN	99203	Detailed Problem Focused	215.00	215.00	172.00
MD/APRN	99204	Comprehensive Problem Focused	280.00	280.00	224.00
MD/APRN	99205	Very Comprehensive Problem Focused	345.00	345.00	276.00
	Established Patient				-
RN Only	99211	RN Only	90.00	90.00	72.00
MD/APRN	99212	Problem Focused	130.00	130.00	104.00
MD/APRN	99213	Expanded Problem Focused	155.00	155.00	124.00
MD/APRN	99214	Detailed Problem Focused	215.00	215.00	172.00
MD/APRN	99215	Comprehensive Problem Focused	260.00	260.00	208.00
<b>Preventive Medicine Services</b>			160.00	160.00	128.00
<b>Risk Reduction, Behavioral Assessment</b>					-
	99401	Preventative, Risk Reduction Counseling, Approx 15 Min.	95.00	95.00	76.00
	99402	Preventative, Risk Reduction Counseling, Approx 30 Min.	115.00	115.00	92.00
	99403	Preventative, Risk Reduction Counseling, Approx 45 Min.	140.00	140.00	112.00
	99404	Preventative, Risk Reduction Counseling, Approx 60 Min.	175.00	175.00	140.00
	99406	Tobacco counseling/3-10 min	-	22.20	17.76
	99407	Tobacco counseling/>10 min	-	42.75	34.20
	99354	Prolonged/30-74 min additional	NEW	199.20	159.36
<b>Medicare preventive services</b>					-
MD/APRN	G0101	CA Screen/Breast Exam	48.00	54.00	43.20
	Q0091	Pap	new	69.00	55.20
	G0344	Welcome to Medicare exam	new	257.00	205.60

**Southern Nevada Health District  
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Office Visits			2017 Approved Fee	Proposed Fee	Self Pay Discounted Fee
	G0366	ECG w/ Welcome to Medicare exam	new	27.00	21.60
<b>Other</b>					-
MD/APRN	H0033	Directly Observed Therapy	5.00	5.00	4.00
MD/APRN	G0101	CA Screen/Breast Exam	48.00	54.00	43.20
	96372	Therapeutic IM/SC Injection	40.00	40.00	32.00
MD/APRN		*Non-Covered Physical Exam	85.00	85.00	68.00
Pharmacist	99606 99607 99608	Medications Management Therapy	-	38.00	30.40

\*Sports, Daycare, School, Pre-Employment,

**NOTES**

Costs includes Labor/FB, CS admin OH, Overhead Multiplier

Flat fee for office visits based on FPL

Lower of Proposed fee or Flat fee will be used

20% Discount for full payment on uninsured at 250% FP or 200% FQHC

**Southern Nevada Health District  
Clinical Services Fee Schedule  
(Effective Immediately Upon Approval)**

<b>Immunizations</b>	<b>CPT</b>	<b>2017 Approved Fee</b>	<b>Proposed Fee</b>	<b>Self Pay Discounted Fee</b>
Admin Fee 1st Vaccine	90471	20.00	20.00	20.00
Admin Fee Each additional Vaccine (IM or SQ)	90472	8.00	8.00	8.00
Chicken Pox (Varicella)	90716	234.00	240.00	168.00
DT (Diphtheria, Tetanus)	90702	97.00	91.00	63.70
DTaP	90700	42.00	42.00	29.40
DTap-Hep B-IPV - Pediarix	90723	140.00	136.00	95.20
DTap-Hib-IPV - Pentacel	90698	167.00	120.00	84.00
DTap-IPV	90696	92.00	98.00	68.60
Hepatitis A & B - Twinrix	90636	147.00	155.00	108.50
Hepatitis A (Adult) HAVRIX, VAQTA	90632	75.00	82.00	57.40
Hepatitis A (Child)	90633	49.00	54.00	37.80
Hepatitis B (Adult)	90746	89.00	88.00	61.60
Hepatitis B (Child) engerix, Merck	90744	36.00	37.00	25.90
Hepatitis B adjuvanted	90739	new	177.00	123.90
Hib PRP-OMP	90647	52.00	55.00	38.50
Hib PRP-T	90648	23.00	23.00	16.10
HPV, Gardasil #9	90651	376.00	384.00	268.80
Influenza, ccllV4, .50 Prsve (1 dose)	90656	new	32.00	22.40
Influenza, High Dose Seasonal	90662	89.00	87.00	60.90
Influenza, Quad Inj Prsrve 0.25 (1 dose)	90687	36.00	32.00	22.40
Influenza, Quad Inj Prsrve 0.50 (1 dose)	90688	36.00	32.00	22.40
Influenza, Quad, .25 P. Free (1 dose)	90685	36.00	discontinued	-
Influenza, Quad, .50 P. Free (1 dose)	90686	38.00	discontinued	-
Influenza, inj MDCK, Quad, Pres	90756	new	32.00	22.40
IPV - IPOL	90713	47.00	45.00	31.50
Live, Oral Cholera Vaxchora	90625	new	439.00	307.30
Meningococcal (MCV4) Menactra	90734	207.00	205.00	143.50
Meningococcal (MCV4) Menveo	90734	205.00	205.00	143.50
Meningococcal (MenB-4C- Bexsero)	90620	275.00	288.00	201.60
Meningococcal (MenB-FHbp- Trumenba)	90621	247.00	234.00	163.80
Meningococcal (MPSV4)	90733	247.00	discontinued	-
MMR	90707	137.00	141.00	98.70
MMRV	90710	380.00	395.00	276.50
Pneumococcal (Pneumovax 23)	90732	173.00	183.00	128.10

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Immunizations	CPT	2017 Approved Fee	Proposed Fee	Self Pay Discounted Fee
Pneumococcal (Pevnar 13)	90670	342.00	352.00	246.40
Rabies	90675	478.00	553.00	387.10
Rotavirus, Monovalent (Rotarix)	90681	214.00	216.00	151.20
Rotavirus, Pentavalent	90680	164.00	164.00	114.80
Shingrix (Zoster Subunit)	90750	new	272.00	190.40
Td, Preserve FREE	90714	47.00	53.00	37.10
Tdap (Adacel)	90715	68.00	68.00	47.60
Tdap (Boostrix)	90715	73.00	68.00	47.60
Typhoid	90691	127.00	126.00	88.20
Yellow Fever Stamaril	90717	252.00	245.00	171.50
Zoster (Shingles) Zostavax	90736	423.00	discontinued	-

**NOTES**

Costs includes Labor/FB, CS admin OH, Overhead Multiplier  
Includes Overhead Multiplier & markup of cost  
30% Discount for full payment on uninsured at 250% FP or 200% FQHC

**Southern Nevada Health District  
Clinical Services Fee Schedule  
(Effective Immediately Upon Approval)**

Procedures	CPT	2017 Approved Fee	Proposed Fee	Self Pay Discounted Fee
Implant Device - Nexplanon	J7307	800.00	771.00	616.80
Implant - Insertion	11981	170.00	244.00	195.20
Implant - Removal	11982	255.00	292.00	233.60
Implant Removal and Reinsertion	11983	475.00	506.00	404.80
IUD Insertion	58300	145.00	153.00	122.40
IUD Device - Mirena	J7298	703.00	703.00	562.40
IUD Device - Kyleena		new	481.00	384.80
IUD Device - Paragard	J7300	610.00	459.00	367.20
IUD Device - Skyla	J7301	665.00	454.00	363.20
IUD Device - Liletta	J7297	717.00	97.00	77.60
IUD Removal	58301	145.00	207.00	165.60
IUD Removal and Reinsertion	n/a	475.00	360.00	288.00
Fluoride Varnish Administered (Medical)	99188	33.00	37.00	29.60
ASQ (developmental screening)	96110	54.00	55.00	44.00
ASQ (developmental testing)	96111	54.00	55.00	44.00
Obesity Counseling (15 mins face-to-face)	G0447	54.00	55.00	44.00
Newborn Screening (Capillary specimen)	36416	15.00	15.00	12.00
Collection of Venous Blood	36415	10.00	10.00	8.00
Collection of Capillary Blood	36416	10.00	10.00	8.00
Collection of Other Lab Spec	99000	10.00	10.00	8.00
Vision screen, bilateral	99173	25.00	25.00	20.00
Vision screen, bilateral, Instrument based with remote analysis and report	99174	new	25.00	20.00
Vision screen, bilateral, Instrument based with on-site analysis	99177	new	25.00	20.00
Pulmonary Diagnostic Testing/Pulse Oximetry - single determination	94760	5.00	5.00	4.00
Tuberculosis Skin Testing	86580	30.00	30.00	24.00
Audiometry/screening test, pure tone, air only	92551	new	15.92	12.73
Nebulizer/Inhalation Treatment	94640	new	29.06	23.24
Nebulizer- demo/eval of pt use	94664	new	26.85	21.48
Spirometry	94010	new	55.76	44.60
Spirometry, pre and post	94060	new	94.13	75.30
Tympanometry	92567	new	22.29	17.83
Cerumen removal w/ instrument	69210	new	74.93	59.94
Cerumen removal w/o instrument	69209	new	21.92	17.54
ECG, w/interpretation	93000	new	26.10	20.88
ECG, rhythm strip	93040	new	19.53	15.62
Burn care, initial	16000	new	106.28	85.02

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Procedures	CPT	2017 Approved Fee	Proposed Fee	Self Pay Discounted Fee
Foreign body, SKIN, simple	10120	new	238.74	190.99
I&D abscess	10060	new	183.87	147.10
Laceration repair, simple (site, size): 2.5 cm or less	12001	new	212.15	169.72
<p><b>NOTES</b></p> <p>Whichever was applicable.</p> <p>1. Costs includes Labor/FB, CS admin OH, Overhead Multiplier and markup of costs</p> <p>2. Medicaid Reimbursement Rate - Provider 17 (Public Health) with markup rate</p> <p>Sliding fee scale based on FPL</p> <p>20% Discount for full payment on unisured at 250%FP or 200% FQHC</p>				



**Southern Nevada Health District  
Clinical Services Fee Schedule  
(Effective Immediately Upon Approval)**

Medications	CPT	2017 Approved Fee		Proposed Fee	ACQ Cost	Self Pay Discounted Fee
Acetaminophen 120mg SUPPOS, ORAL	J0131	-	-	0.30	0.12	0.24
Acetaminophen 325mg CAP TAB, ORAL	J0131	-	-	0.01	0.02	0.01
Acetaminophen 160mg/5mL, LQ, ORAL	J0131	-	-	0.40	0.24	0.32
Acyclovir 400mg	J8499	-	36.68, 95.53	1.51	0.03	1.21
Acyclovir 800mg	J8499	-	93.00	2.93	0.04	2.35
Albuterol Sul 2.5mg/3mL SOLN	J7613	-	-	1.06	0.07	0.85
Antibiotic Ointment (Bacitracin Zinc) PACKET	no code	-	-	0.09	0.08	0.07
Aspirin 325mg (ASA)	G8598	-	-	0.01	0.01	0.01
Avelox 400mg	J8499	-	-	29.23	0.69	23.38
Azithromycin Powder 1gm	Q0144	-	-	23.30	12.13	18.64
Azithromycin 500mg	Q0144	-	-	12.45	0.35	9.96
Azithromycin 600mg	Q0144	655.39	124.43	14.95	0.98	11.96
Bactrim DS 800/160mg	J8499	-	12.06	0.92	0.03	0.74
Bicillin 2.4 Long Acting	J0561	-	-	309.57	0.04	247.66
Birth Control Pills - Apri (28 tabs)	S4993	84.50	29.41	24.41	1.75	19.53
Birth Control Pills - Aviane (28 tabs)	S4993	-	33.13	28.13	0.80	22.50
Birth Control Pills - Micronor (28 tabs)	S4993	59.18	-	52.45	0.29	41.96
Birth Control Pills - Nora - B (28 tabs)	S4993	-	-	29.54	3.98	23.63
Birth Control Pills - Orth Cyclen (28 tabs)	S4993	54.52	-	47.94	0.29	38.35
Birth Control Pills - Ortho Trycyclen (28 tabs)	S4993	54.52	-	47.94	0.29	38.35
Birth Control Pills - Ortho Trycyclen Lo (28 tabs)	S4993	166.21	-	47.94	0.29	38.35
Birth Control Pills - Reclipsen (28 tabs)	S4993	-	36.48	31.48	3.03	25.18
Birth Control Pills - Sprintec (28 tabs)	S4993	-	-	25.78	2.00	20.63
Birth Control Pills - Tri Lo Sprintec (28 tabs)	S4993	-	-	117.35	2.41	93.88
Birth Control Pills - Trinessa (28 tabs)	S4993	-	-	26.08	1.79	20.86
Budesonide 0.5mg/2mL INH SUSP	J7626	-	-	8.86	2.71	7.09
Budesonide 1mg/2mL INH SUSP	J7627	-	-	18.46	4.06	14.77
Capastat Injectable (1gr = 10ml)	J3490	-	-	206.83	0.01	165.47
Cefixime 400mg	J8499	29.91	-	22.14	9.01	17.71
Ceftriaxone 250mg/mL, IM	J0696	-	-	11.85	0.67	9.48
Ceftriaxone sodium 500mg (bill 2 units) INJ	90696	-	-	-	-	-
Cephalexin 500mg	J8499	-	115.08	1.06	0.04	0.85
Clotrimazole Vaginal Cream (1%)	J3490	-	-	5.19	2.58	4.15
Cycloserine 250mg	J8499	-	-	58.11	5.07	46.49
Dapsone 100mg	J8499	-	77.56	2.42	0.38	1.93
Deprovera 150mg/mL IM	J1050	210.99	97.16	200.40	26.94	160.32
Descovy 200mg/25mg	J8499	1,698.03	-	53.63	15.26	42.90
Dexamethasone sodium phosphate 10mg/mL INJ	J1100	-	-	5.04	2.29	4.03
Dexamethasone sodium phosphate 4mg/mL INJ	J1100	-	-	0.84	0.47	0.68
Diffucan 100mg	J8499	-	216.27	7.04	0.07	5.63
Diphenhydramine 25mg CAP	Q0163	-	-	0.02	0.02	0.02
Diphenhydramine HCl 50mg/mL INJ	J1200	-	-	0.79	0.52	0.63
Diphenhydramine 12.5mg/5mL LQ	J8499	-	-	0.02	0.01	0.01
Doxycycline 100mg	J8499	328.04, 651.08	66.96, 128.92	0.19	0.02	0.15
Emergency Birth Control - Plan B	S4993	40.10	-	31.20	35.75	24.96
Epinephrine 1mg/mL INJ, VIAL	J0170	-	-	14.00	11.67	11.20

**Southern Nevada Health District  
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Medications	CPT	2017 Approved Fee		Proposed Fee	ACQ Cost	Self Pay Discounted Fee
EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector	J0171	-	-	150.00	0.02	120.00
EpiPen (Epinephrine) 0.30mg autoinjector	J0171	-	-	292.13	0.02	233.71
Erythromycin 500mg	J8499	-	-	15.03	5.53	12.02
Ethambutol 100mg	J8499	-	-	0.36	0.20	0.29
Ethambutol 400mg	J8499	-	-	1.06	0.16	0.84
Ethionamide 250mg	J8499	-	-	5.30	1.85	4.24
Fluconazole 100mg	J8499	-	12.04, 216.27	7.04	0.08	5.63
Fluconazole 150mg	J8499	64.19	-	27.87	0.84	22.29
Gentamicin 40mg/mL 2ML	J1580	-	-	1.07	0.32	0.85
Genvoya 150-200-10	J8499	2,980.96	-	94.26	69.04	75.41
Hurricane Gyno-Gel	J8499	-	-	6.92	7.66	5.54
Ibuprofen 200mg CAP	J1741	-	-	0.06	0.03	0.05
Ibuprofen 100mg/5mL LQ ORAL	J8499	-	-	0.03	0.03	0.02
Iprat-Albut 0.5-3(2.5)mg/3mL	J7620	-	-	1.84	0.05	1.47
Ipratropium BR 0.02% SOLN	J7620	-	-	1.41	0.06	1.13
Isoniazid 100mg	J8499	-	-	0.12	0.01	0.09
Isoniazid 300mg	J8499	-	-	0.41	0.07	0.32
Ketorolac tromethamine 30mg/mL INJ	J1885	-	-	1.68	0.88	1.34
Ketorolac tromethamine 60mg/2mL INJ	J1885	-	-	2.76	1.06	2.21
Levaquin 250mg	J8499	-	677.44	13.45	0.01	10.76
Levaquin 500mg	J8499	-	775.64	16.07	0.08	12.86
Linezolid 600 mg Tab	J8499	-	-	146.94	0.51	117.55
Levaquin 750mg	J8499	-	-	28.86	0.05	23.09
Lidocaine 2% Viscous SOLN	J2001	-	-	0.11	0.01	0.08
Medroxyprogesterone 150mg/ml IM	J1050	-	-	78.28	0.01	62.62
Methylprednisolone 40mg INJ	J1030	-	-	8.35	0.01	6.68
Methylprednisolone 80mg INJ	J1040	-	-	13.73	4.08	10.98
Metrogel Vaginal Gel 0.75% TUBE	J3490	-	-	361.39	0.62	289.11
Moxifloxacin 400 mg Tab	J8499	-	-	21.78	0.00	17.42
Metronidazole 250mg	J8499	72.81, 259.29	7.64, 14.89	0.38	0.32	0.31
Metronidazole Vaginal Gel TUBE	J3490	-	-	3.70	0.52	2.96
Mupirocin 2% OINTMENT	no code	-	-	13.64	1.53	10.91
Mycobutin 150mg	J8499	-	-	14.00	3.08	11.20
Mylanta	J8499	-	-	0.08	0.00	0.07
Nevirapine 50mg/5mL	J1324	24.65	7.73	0.74	0.70	0.59
NEW DAY TAB 1.5MG 1 NSTR@	S4993	New	New	26.94	4.46	21.55
Odefsey 200-25-25	J8499	2,713.36	-	85.78	62.68	68.63
Ondansetron 4mg/2mL INJ (the code is 1 unit)	J2405	-	-	0.44	0.28	0.36
Ondansetron ODT 4mg TAB	J2405	-	-	17.83	0.05	14.26
Paser 4gm	J3490	-	-	6.40	6.67	5.12
Penicillin G benz/G procaine (CR) 1.2 mil u/2mL (100,000 per unit)	J0558	-	-	120.42	0.02	96.34
Penicillin G benzathine (LA) 600,000 u/mL (100,000 per unit)	J0561	-	-	87.23	0.01	69.78
Penicillin VK 500mg	99070	37.94	69.70	0.62	0.05	0.50
Prednisolone 15mg/5mL SOLN. ORAL	J7510	-	-	0.39	0.02	0.31
Prezcobix 800/150mg	J8499	1,813.31	-	57.81	37.41	46.25

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Medications	CPT	2017 Approved Fee		Proposed Fee	ACQ Cost	Self Pay Discounted Fee
Prezista 800mg	J8499	1,586.99	-	50.58	27.86	40.46
Priftin 150mg	J8499	-	-	3.65	1.04	2.92
Promethazine HCl 25mg/mL inj code is 50mg)	J2550	-	-	1.27	0.67	1.01
Pyrazinamide 500mg	J8499	-	-	2.29	1.22	1.83
Rifamate (rifampin and isoniazid) 150/300mg	J8499	-	-	5.10	4.81	4.08
Rifampin 150mg	J8499	-	-	2.59	0.07	2.07
Rifampin 300mg	J8499	-	-	3.67	0.15	2.94
Rifapentine 150mg	J8499	-	-	3.65	1.04	2.92
Silver Sulfadiazine 1% CREAM	no code	-	-	0.24	0.01	0.19
Streptomycin 1gram VIAL	J8499	-	-	75.00	10.42	60.00
Tindamax 500mg	J8499	159.15	86.20	13.70	0.47	10.96
Tivicay 50mg	J8499	1,663.54	-	53.04	29.55	42.43
Triamcinolone acetonide 40mg/mL INJ (10mg per unit)	J3301	-	-	8.16	0.48	6.53
Triumeq 600/50/300mg	J8499	2,811.76	-	89.77	56.74	71.81
Truvada 200-300mg	J8499	1,698.03	-	53.63	15.26	42.90
Vandazole Vaginal Gel TUBE	99070	-	-	130.43	13.11	104.35
Vitamin B12 (Cyanocobalamin) 1000mg INJ	J3420	-	-	6.99	0.12	5.59
Vitamin B-6 50mg	J8499	-	-	0.01	0.01	0.01
Xylocaine-Mpf 1% VIAL	J2001	-	-	1.96	0.11	1.57
Zithromax 1 gm powder	Q0144			117.91	7.92	94.33
Zidovud Syrp 50mg/5mL 240mL	J8499	-	50.14	0.19	0.18	0.15
Zyvox 600mg	J8499	5,274.61	2,940.50	256.31	0.01	205.05

\*2017 Approved Fee based on dispensed amount

\*Proposed Fee based on smallest chargeable unit

**NOTES**

Proposed fee based on pricing schedule from Pharmaceutical References

Sliding fee scale based on FPL

20% Discount for full payment on uninsured at 250%FP or 200% FQHC

Additional \$5 dispensing fee for all medication prescriptions

If multiple sources of a drug are available, insurance mandates dispensing of generic

**Southern Nevada Health District  
Clinical Services Fee Schedule  
(Effective Immediately Upon Approval)**

Laboratory Tests	CPT	2017 Approved Fee	Proposed Fee	Self Pay Discounted Fee
<b>SNPHL</b>				-
Syphilis IgG antibody (treponemal)	86780	60.00	60.00	48.00
RPR, non treponemal qualitative	86592	39.00	39.00	31.20
RPR titer, non-treponemal quantitative	86593	46.00	46.00	36.80
TPPA antibody (treponemal)	86780	60.00	60.00	48.00
HIV-1 and HIV-2 antibody, single result (EIA)	86703	34.00	34.00	27.20
HIV-1 antigen, with HIV-1 and HIV-2 antibodies, single result	87389	36.00	36.00	28.80
Chlamydia, Detection by Amplified Probe Technique	87491	49.00	49.00	39.20
Neisseria gonorrhoeae, Detection by Amplified Probe Technique	87591	49.00	49.00	39.20
Gonorrhea Culture, Isolation and Presumptive Identification	87071	62.00	62.00	49.60
N. gonorrhoeae Culture, Confirmatory Identification	87077	141.00	141.00	112.80
Quantiferon	86480	60.00	60.00	48.00
Pap Smear	88150	50.00	52.00	41.60
Hepatic Function Panel (Liver Panel)	80076	-	16.82	13.45
Hepatitis B surface Ab, qualitative	86706	-	16.82	13.45
Hepatitis B surface Ab, quantitative	86317	-	30.84	24.67
HPV (AMP)	87624	-	33.00	26.40
Acute Hepatitis Panel w/reflex	80074	-	98.01	78.41
<b>CLINIC TESTS</b>				-
Blood glucose, monitoring device	82947	-	8.09	6.47
Hemocult	82270	-	6.69	5.35
HIV-1/2	87806	-	49.55	39.64
Hep C, Rapid, Oraquick	86803	-	29.36	23.49
Influenza	87804	-	24.66	19.73
Microalbumin	82044	-	9.42	7.54
Mononucleosis	86308	-	10.65	8.52
RSV	87807	-	24.66	19.73
Strep A	86403	-	20.97	16.78
UA dipstick	81002	-	5.25	4.20
Hemoglobin A1c	83036	-	19.98	15.98
Urine Pregnancy Test	81025	15.00	15.00	12.00
Bacterial Vaginosis	87905	15.00	15.00	12.00
Trichomonas Vaginalis	87808	15.00	15.00	12.00
Smear, Wet Mount for Inf Agents	87210	20.00	20.00	16.00
Hemoglobin	85018	22.00	21.00	16.80
Lead	83655	36.00	35.00	28.00
Cholesterol	82465	New	6.00	4.80
<b>NOTES</b>				
Costs includes Labor/FB, CS admin OH, Overhead Multiplier for markup of costs				
Sliding fee scale based on FPL				
20% Discount for full payment on uninsured at 250%FP or 200% FQHC				