

Southern Nevada Community Health Center

Finance & Audit Committee Meeting

April 17, 2023

- ▶ Updates to SNHD Billing Fee Schedule 2023
- ▶ Presented by: Donnie (DJ) Whitaker, CFO

Billing Fee Schedule Review

- The billing fee schedule is reviewed annually to add new fees or adjust existing fees.
- Annual review of fees allows for changes on a consistent basis to stay aligned with the local medical community. These regular fee changes position SNHD for the potential benefit of increased reimbursement from contracted insurances and Medicare.
- Uninsured patients will see minimal, or no impact based on the availability of the sliding fee discount.

Billing Fee Review Methodology

- Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2023)
- Identify fees lower than 50th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2023.
- Propose fee changes based on comparison of current fees to 50th percentile of reported fees and Medicare reimbursement rate.
- Proposed changes to individual fees are included in Exhibit A (85 fees). All other fees on the billing fee schedule remain the same.

REFERENCES

- The complete SNHD billing fee schedule is included in the Informational Section of the Southern Nevada Community Health Center Governing Board meeting agenda for April 18, 2023.
- The complete Master billing fee schedule that includes all Current Procedural Terminology (CPT) codes available for billing can be furnished upon request. SNHD only utilizes a small percentage of this entire schedule.



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT



Questions

Exhibit A

2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
Pathology & Laboratory			
81002	Urinalysis nonauto w/o scope	\$ 6.00	\$ 18.00
81025	Urine pregnancy test	\$ 17.00	\$ 34.00
82947	Blood glucose-monitoring device	\$ 8.09	\$ 22.00
83655	Lead - Clia	\$ 35.00	\$ 50.00
83986	ASSAY OF BODY FLUID ACIDITY	\$ 2.44	\$ 14.00
86403	Strep A	\$ 20.97	\$ 39.00
86704	Hep b core antibody total	\$ -	\$ 101.00
86705	Hepatitis B core IgM	\$ -	\$ 12.00
86708	Hepatitis A Total Ab	\$ -	\$ 18.00
86709	Hepatitis A IgM	\$ -	\$ 12.00
86769	Sars-cov-2 covid-19 antibody	\$ -	\$ 70.00
87071	Gonorrhea Culture, Isolation and Presumptive Identification	\$ 67.00	\$ 120.00
87210	Smear wet mount saline/ink	\$ 22.00	\$ 23.00
87340	Hepatitis B Surface Antigen	\$ -	\$ 19.00
87389	Hiv-1 ag w/hiv-1&-2 ab ag ia	\$ 39.00	\$ 126.00
87390	HIV-1 AG, EIA	\$ 36.00	\$ 73.00
87490	Chlmyd trach dna dir probe	\$ -	\$ 91.00
87521	Hepatitis c probe&rvrs trnsc	\$ -	\$ 487.00
87522	Hepatitis C Quantitative RNA	\$ -	\$ 43.00

2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
Pathology & Laboratory (continued)			
87635	SARS-CoV-2 NAAT	\$ -	\$ 52.00
87804	Influenza - Clia	\$ 24.66	\$ 43.00
87806	Hiv ag w/hiv1&2 antb w/optic	\$ 54.00	\$ 80.00
87807	RSV - Clia	\$ 24.66	\$ 43.00
87808	Trichomonas assay w/optic	\$ 17.00	\$ 48.00
88164	Cytopathology, slides, cervical or vaginal/V, MANUAL	\$ 15.00	\$ 48.00
Immunizations/Vaccines			
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 20.00	\$ 23.00
90471	Admin Fee 1st Vaccine	\$ 20.00	\$ 23.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 8.00	\$ 15.00
90632	Hepatitis A (Adult)	\$ 130.00	\$ 135.00
90633	Hepatitis A (Child)	\$ 60.00	\$ 79.00
90636	Hepatitis A & B (Twinrix)	\$ 175.00	\$ 203.00
90644	MENINGOCCL HIB VAC 4 DOSE IM	\$ -	\$ 11.00
90647	Hib PRP-OMP	\$ 57.00	\$ 60.00
90648	Hib PRP-T	\$ 25.00	\$ 57.00
90649	H PAPILOMA VACC 3 DOSE IM	\$ -	\$ 275.00
90650	HPV TYP BIVAL 3 DOSE IM	\$ -	\$ 274.00
90662	Influenza- High Dose Seasonal	\$ 84.00	\$ 88.00

2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
Immunizations/Vaccines (continued)			
90677	PCV20 (Pevnar 20)	\$ 450.00	\$ 472.00
90680	Rotavirus- Pentavalent	\$ 164.00	\$ 165.00
90691	Typhoid	\$ 155.00	\$ 187.00
90696	DTaP-IPV	\$ 106.00	\$ 116.00
90700	DTap	\$ 45.00	\$ 62.00
90715	Tdap	\$ 75.00	\$ 89.00
90723	DTaP-Hep B- IPV (Pediatrix)	\$ 150.00	\$ 166.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 185.00	\$ 218.00
90744	Hepatitis B (Child)	\$ 48.00	\$ 70.00
90746	Hepatitis B (Adult)	\$ 90.00	\$ 141.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 45.00	\$ 48.00
Mental Health			
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 146.39	\$ 228.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 161.94	\$ 341.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 71.59	\$ 117.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 95.22	\$ 158.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 142.42	\$ 181.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 122.04	\$ 213.00
90839	PSYTX CRISIS INITIAL 60 MIN NEW	\$ -	\$ 211.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ -	\$ 90.00
90845	PSYCHOANALYSIS	\$ 101.05	\$ 167.00

2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
Medical Nutrition Therapy			
97802	MEDICAL NUTRITION, INDIV, IN	\$ 40.00	\$ 67.00
Office Visits & Preventive Care			
99202	E&M New Outpatient, Expanded Problem Focused	\$ 159.00	\$ 160.00
99203	New Patient Detailed Problem Focused	\$ 231.00	\$ 234.00
99204	E&M New Outpatient Comprehensive Problem	\$ 352.00	\$ 357.00
99205	E&M New Outpatient, Very Comprehensive Problem Focused	\$ 454.00	\$ 469.00
99212	E&M Established Outpatient - Problem Focused	\$ 96.00	\$ 105.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 154.00	\$ 159.00
99214	E&M Established Outpatient Problem Focused	\$ 228.00	\$ 230.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 320.00	\$ 330.00
99381	Preventive Medicine, New patient, <1 Year Old	\$ 184.00	\$ 202.00
99382	Preventive Medicine, New patient, 1-4 Years Old	\$ 189.00	\$ 206.00
99383	Preventive Medicine, New patient, 5-11 Years Old	\$ 191.00	\$ 211.00
99384	Preventive Medicine, New patient, 12-17 Years Old	\$ 210.00	\$ 234.00
99385	New Preventative Medicine, 18-39 yrs	\$ 240.00	\$ 264.00
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	\$ 269.00	\$ 294.00
99387	Preventive Medicine, New patient, 65+ Years Old	\$ 274.00	\$ 301.00
99391	Preventive Medicine, Established patient, <1 Year Old	\$ 172.00	\$ 181.00
99392	Preventive Medicine, Established patient, 1-4 Years Old	\$ 172.00	\$ 192.00

2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
Office Visits & Preventive Care (continued)			
99393	Preventive Medicine, Established patient, 5-11 Years Old	\$ 172.00	\$ 189.00
99394	Established Preventive Medicine, 12-17 yrs	\$ 186.00	\$ 203.00
99395	Established Preventive Medicine, 18-39 yrs	\$ 209.00	\$ 229.00
99396	Preventive Medicine, Established patient, 40-64 Years Old	\$ 225.00	\$ 243.00
99397	Preventive Medicine, Established patient, 65+ Years Old	\$ 235.00	\$ 253.00
Telemedicine			
99423	OL DIG E/M SVC 21+ MIN	\$ 93.02	\$ 107.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$ 77.00	\$ 142.00
Fee based on comparison to Medicare reimbursement rate			
Fee based on comparison to 50th percentile of local healthcare community billing rates			

Southern Nevada Community Health Center

Finance & Audit Committee Meeting

April 2023