



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

# Updates to Clinical Master Fee Schedule

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DONNIE (DJ) WHITAKER  
CHIEF FINANCIAL OFFICER

APRIL 15, 2024

# Clinical Master Fee Schedule Review

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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.

# Clinical Master Fee Review Methodology

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Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2024)

Identify fees lower than 50th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2024.

Propose fee changes based on comparison of current fees to 50<sup>th</sup> percentile of reported fees and Medicare reimbursement rate.

Proposed changes to individual fees are included in Exhibit A (133 fees). All other fees on the billing fee schedule remain the same.

# REFERENCES

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The complete SNHD billing fee schedule is included in the meeting materials.

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.

**EXHIBIT A**  
**2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE**

<b>CPTCODE</b>	<b>CPT Code Description</b>	<b>Current Rate</b>	<b>Proposed New Fee</b>
	<b>Pathology &amp; Laboratory</b>		
80074	Acute Hepatitis Panel w/reflex	\$ 105.00	\$ 564.00
86480	Quantiferon	\$ 65.00	\$ 252.00
86705	HEP B CORE ANTIBODY- IGM	\$ 12.00	\$ 112.00
86706	Hepatitis B surface Ab- qualitative	\$ 18.00	\$ 89.00
86708	HEP A ANTIBODY- TOTAL	\$ 18.00	\$ 114.00
86709	HEP A ANTIBODY- IGM	\$ 12.00	\$ 82.00
86780	Syphilis IgG antibody (treponemal)	\$ 65.00	\$ 66.00
86803	Hep C- Rapid- Oraquick	\$ 32.00	\$ 135.00
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 53.00	\$ 114.00
87522	HEPATITIS C- RNA- QUANT	\$ 43.00	\$ 568.00
87536	HIV-1- DNA- QUANT	\$ 95.00	\$ 450.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$ 53.00	\$ 114.00
80053	COMPREHEN METABOLIC PANEL	\$ 12.00	\$ 95.00
80061	LIPID PANEL	\$ 15.00	\$ 137.00
80076	Hepatic Function Panel (Liver Panel)	\$ 18.00	\$ 53.00
82465	Cholesterol - Clia	\$ 7.00	\$ 31.00
83036	Hemoglobin A1c - Clia	\$ 22.00	\$ 76.00
83718	ASSAY OF LIPOPROTEIN	\$ 9.00	\$ 38.00
84478	ASSAY OF TRIGLYCERIDES	\$ 6.00	\$ 40.00
86703	(STD Use) HIV-1 and HIV-2 antibody- single result (EIA)	\$ 37.00	\$ 65.00
87340	HEPATITIS B SURFACE AG- EIA	\$ 19.00	\$ 70.00
87635	SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR	\$ 52.00	\$ 130.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$ 14.21	\$ 53.00
81002	UA Dipstick	\$ 18.00	\$ 21.00
81025	Urine Pregnancy Test	\$ 34.00	\$ 40.00
82044	Microalbumin	\$ 11.00	\$ 21.00
82270	Hemocult - Clia	\$ 8.00	\$ 21.00
83655	Lead - Clia	\$ 50.00	\$ 53.00
83986	ASSAY OF BODY FLUID ACIDITY	\$ 14.00	\$ 15.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 9.00	\$ 38.00
86308	Mononucleosis	\$ 12.00	\$ 26.00
86317	Hepatitis B surface Ab- quantitative	\$ 33.00	\$ 66.00
87390	HIV-1 AG- EIA	\$ 73.00	\$ 78.00
87624	HPV (AMP)	\$ 36.00	\$ 142.00
87905	Bacterial Vaginosis	\$ 17.00	\$ 39.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 48.00	\$ 55.00

(continued)

	Immunizations/Vaccines		
90380	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 528.26	\$ 528.26
90381	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 528.26	\$ 528.26
91318	SARSCOV2 VAC 3MCG TRS-SUC	\$ 65.00	\$ 65.00
91319	SARSCV2 VAC 10MCG TRS-SUC I	\$ 85.00	\$ 85.00
91320	SARSCV2 VAC 30MCG TRS-SUC IM	\$ 130.00	\$ 130.00
91321	SARSCOV2 VAC 25 MCG/.25ML IM	\$ 145.00	\$ 145.00
91322	SARSCOV2 VAC 50 MCG/0.5ML IM	\$ 145.00	\$ 145.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 280.00	\$ 284.00
90632	Hepatitis A (Adult)	\$ 135.00	\$ 137.00
90672	Influenza-live- intranasal- quadrivalent	\$ 45.00	\$ 53.00
90674	Flu- MDCK-pfree-Quad PFS	\$ 45.00	\$ 50.00
90678	Respiratory syncytial virus (RSV), vaccine, bivalent	\$ 321.26	\$ 374.00
90679	RSV Vaccine	\$ 301.84	\$ 380.00
90680	Rotavirus- Pentavalent	\$ 165.00	\$ 169.00
90685	Infl.- Quad- Adjuvanted Afluria	\$ 35.00	\$ 53.00
90686	Influenza Inj. Quad Pres/Free Fluarix	\$ 35.00	\$ 46.00
90688	Influenza- Inj- quad- P-free Fluzone PFS	\$ 35.00	\$ 42.00
90691	Typhoid- ViCPs	\$ 187.00	\$ 189.00
90723	DTaP-Hep B- IPV (Pediarix)	\$ 166.00	\$ 171.00
90734	Meningococcal (MCV4) Menveo	\$ 230.00	\$ 232.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 218.00	\$ 234.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 48.00	\$ 52.00
90471	Admin Fee 1st Vaccine	\$ 23.00	\$ 50.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 15.00	\$ 31.00
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 23.00	\$ 48.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 17.00	\$ 34.00
	<b>Mental Health</b>		
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 228.00	\$ 242.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 341.00	\$ 365.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 117.00	\$ 126.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 158.00	\$ 164.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 181.00	\$ 190.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 213.00	\$ 221.00
90839	PSYTX CRISIS INITIAL 60 MIN	\$ 211.00	\$ 218.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 90.00	\$ 99.00
90845	PSYCHOANALYSIS	\$ 167.00	\$ 183.00

# MOTION

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***Motion to Accept the Clinical Master Fee Schedule, as presented, and Recommend Approval to the Southern Nevada Community Health Center Governing Board meeting on April 16, 2024.***



**EXHIBIT A**  
**2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE**

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(continued)

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## 2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

	<b>Medical Nutrition Therapy</b>		
97802	MEDICAL NUTRITION- INDIV- IN	\$ 67.00	\$ 68.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 35.00	\$ 58.00
97804	MEDICAL NUTRITION- GROUP	\$ 18.00	\$ 50.00
	<b>Office Visits &amp; Preventive Care</b>		
99204	E&M New Outpatient Comprehensive Problem	\$ 357.00	\$ 358.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$ 469.00	\$ 472.00
99212	E&M Established Outpatient - Problem Focused	\$ 96.00	\$ 107.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 159.00	\$ 162.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 230.00	\$ 237.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 330.00	\$ 346.00
99242	Office Consultation Level 2	\$ 289.00	\$ 293.00
99243	Office Consultation Level 3	\$ 375.00	\$ 389.00
99244	Office Consultation Level 4	\$ 536.00	\$ 545.00
99245	Office Consultation Level 5	\$ 689.00	\$ 708.00
99381	Preventive Medicine- New patient- <1 Year Old	\$ 202.00	\$ 209.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 206.00	\$ 218.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 211.00	\$ 221.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$ 234.00	\$ 246.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$ 264.00	\$ 278.00
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 294.00	\$ 306.00
99387	Preventive Medicine- New patient- 65+ Years Old	\$ 301.00	\$ 310.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$ 181.00	\$ 190.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$ 192.00	\$ 200.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$ 189.00	\$ 199.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$ 203.00	\$ 212.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$ 229.00	\$ 237.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 243.00	\$ 251.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 253.00	\$ 260.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$ 78.00	\$ 79.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 117.00	\$ 128.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$ 163.00	\$ 321.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 160.00	\$ 168.00
99441	PHONE E/M BY PHYS 5-10 MIN	\$ 47.00	\$ 90.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$ 142.00	\$ 153.00
99443	PHONE E/M BY PHYS 21-30 MIN	\$ 157.00	\$ 213.00
10060	I&D Abscess	\$ 267.00	\$ 332.00
10120	Foreign Body- SKIN- Simple	\$ 340.00	\$ 471.00
36415	Collection of Venous Blood	\$ 23.00	\$ 24.00
36416	Collection of Capillary Blood	\$ 22.00	\$ 23.00
57410	PELVIC EXAMINATION	\$ 112.31	\$ 259.00
58300	IUD Insertion	\$ 207.00	\$ 254.00

## 2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

58301	IUD Removal	\$ 211.00	\$ 252.00
71046	X-RAY EXAM CHEST 2 VIEWS	\$ 33.33	\$ 131.00
92551	Audiometry/screening test- pure tone- air only	\$ 34.00	\$ 35.00
92567	TYMPANOMETRY	\$ 18.00	\$ 52.00
93000	ECG w/interpretation	\$ 34.00	\$ 78.00
94640	Nebulizer/Inhalation Treatment	\$ 51.00	\$ 55.00
94664	Nebulizer - demo/eval of pt use	\$ 70.00	\$ 126.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 6.00	\$ 19.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$ 18.34	\$ 64.00
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 8.82	\$ 62.00
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 6.44	\$ 44.00
99341	HOME V- NP FOCUSED	\$ 122.00	\$ 122.00
99342	HOME V- NP EXPANDED	\$ 313.00	\$ 313.00
99344	HOME V- NP COMREH	\$ 339.00	\$ 339.00
99345	HOME V- NP HI COMP	\$ 391.00	\$ 391.00
99347	HOME V- EP FOCUSED	\$ 107.00	\$ 107.00
99348	HOME V- EP EXPANDED	\$ 306.00	\$ 306.00
99349	HOME V- EP DETAILED	\$ 267.00	\$ 267.00
99350	HOME V- EP COMPREHEN	\$ 370.00	\$ 370.00
99606	Medications Management Therapy	\$ 41.00	\$ 41.00
99607	Medications Management Therapy Addl 15min	\$ 41.00	\$ 41.00
99608	Medications Management Therapy	\$ 41.00	\$ 41.00
Fees Based on comparison to the 50th percentile of local healthcare community billing rates			
	New Codes for 2024		

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

CPTCODE	Description	Fee
10060	I&D Abscess	\$267.00
10120	Foreign Body- SKIN- Simple	\$340.00
11750	REMOVAL OF NAIL BED	\$161.39
11981	Implant - Insertion	\$304.00
11982	Implant - Removal	\$320.00
11983	Implant Removal and Reinsertion	\$497.00
12001	Laceration repair- simple (site- size): 2.5 cm or less	\$551.00
16000	Burn Care- Initial	\$306.00
36415	Collection of Venous Blood	\$23.00
36416	Collection of Capillary Blood	\$22.00
41899	DENTAL SURGERY PROCEDURE	\$286.00
57410	PELVIC EXAMINATION	\$112.31
58300	IUD Insertion	\$207.00
58301	IUD Removal	\$211.00
69209	Cerumen removal w/o instrument	\$49.00
69210	Cerumen removal w/ instrument	\$137.50
71046	X-RAY EXAM CHEST 2 VIEWS	\$33.33
72040	X-RAY EXAM OF NECK SPINE	\$38.74
80053	COMPREHEN METABOLIC PANEL	\$12.00
80061	LIPID PANEL	\$15.00
80074	Acute Hepatitis Panel w/reflex	\$105.00
80076	Hepatic Function Panel (Liver Panel)	\$18.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$14.21
81002	UA Dipstick	\$18.00
81025	Urine Pregnancy Test	\$34.00
82044	Microalbumin	\$11.00
82270	Hemocult - Clia	\$8.00
82465	Cholesterol - Clia	\$7.00
82947	Blood glucose- monitoring device	\$22.00
83036	Hemoglobin A1c - Clia	\$22.00
83655	Lead - Clia	\$50.00
83718	ASSAY OF LIPOPROTEIN	\$9.00
83986	ASSAY OF BODY FLUID ACIDITY	\$14.00
84478	ASSAY OF TRIGLYCERIDES	\$6.00
85018	Hemoglobin - Clia	\$23.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$9.00
86308	Mononucleosis	\$12.00
86317	Hepatitis B surface Ab- quantitative	\$33.00
86403	Strep A	\$39.00
86480	Quantiferon	\$65.00
86580	Tuberculosis Skin Testing	\$32.00
86592	RPR- non treponemal qualitative	\$42.00
86593	RPR titer- non-treponemal quantitative	\$50.00

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

CPTCODE	Description	Fee
86701	HIV-1 antibody (Multispot)	\$220.00
86702	HIV-2 antibody (Multispot)	\$117.00
86703	(STD Use) HIV-1 and HIV-2 antibody- single result (EIA)	\$37.00
86704	HEP B CORE ANTIBODY- TOTAL	\$101.00
86705	HEP B CORE ANTIBODY- IGM	\$12.00
86706	Hepatitis B surface Ab- qualitative	\$18.00
86708	HEP A ANTIBODY- TOTAL	\$18.00
86709	HEP A ANTIBODY- IGM	\$12.00
86780	Syphilis IgG antibody (treponemal)	\$65.00
86803	Hep C- Rapid- Oraquick	\$32.00
87071	Gonorrhea Culture- Isolation and Presumptive Identification	\$120.00
87077	N. gonorrhoeae Culture- Confirmatory Identification	\$151.00
87210	Smear- Wet Mount for Inf Agents	\$23.00
87340	HEPATITIS B SURFACE AG- EIA	\$19.00
87389	HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result	\$126.00
87390	HIV-1 AG- EIA	\$73.00
87490	CHYLM D TRACH- DNA- DIR PROBE	\$91.00
87491	Chlamydia- Detection by Amplified Probe Technique	\$53.00
87521	HEPATITIS C- RNA- AMP PROBE	\$487.00
87522	HEPATITIS C- RNA- QUANT	\$43.00
87536	HIV-1- DNA- QUANT	\$95.00
87563	M. GENITALIUM AMP PROBE	\$139.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$53.00
87624	HPV (AMP)	\$36.00
87635	SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR	\$100.00
87661	TRICHOMONAS VAGINALIS AMPLIF	\$135.00
87804	Influenza - Clia	\$43.00
87806	HIV - 1/2	\$80.00
87807	RSV - Clia	\$43.00
87808	Trichomonas Vaginalis - Clia	\$48.00
87905	Bacterial Vaginosis	\$17.00
88150	Pap Smear	\$56.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$48.00
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90471	Admin Fee 1st Vaccine	\$23.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$15.00
90480	ADMN SARSCOV2 VACC 1 DOSE	\$40.00

## 2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
90619	Meningococcal MenACWY MenQuadfi	\$270.00
90620	Meningococcal (MenB-4C-Bexsero)	\$340.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$280.00
90622	Influenza- High Dose Seasonal	\$87.00
90625	Cholera- live oral	\$431.00
90632	Hepatitis A (Adult)	\$135.00
90633	Hepatitis A (Child) VAQTA	\$79.00
90636	Hepatitis A & B (Twinrix)	\$203.00
90644	Meningococcal C/Y-HIB PRP	\$11.00
90647	Hib PRP-OMP	\$60.00
90648	Hib PRP-T	\$57.00
90649	HPV- quadrivalent	\$275.00
90650	HPV TYP BIVAL 3 DOSE IM	\$274.00
90651	HPV9- Gardasil	\$465.00
90670	Pneumococcal (Pevnar 13)	\$420.00
90671	PCV15 (Vaxneuvance)	\$420.00
90672	Influenza-live- intranasal- quadrivalent	\$45.00
90674	Flu- MDCK- Pfree Quad - PFS (2023-2024)	\$45.00
90675	Rabies	\$570.00
90677	PCV20 (Pevnar 20)	\$472.00
90678	Respiratory syncytial virus (RSV)- vaccine- bivalent	\$321.26
90679	RSV Vaccine	\$301.84
90680	Rotavirus- Pentavalent	\$165.00
90681	Rotavirus- Monovalent (Rotarix)	\$240.00
90685	Infl.- Quad- Adjuvanted Afluria	\$35.00
90686	Inf. Quad.- .50P Free Fluarix (2023-2024)	\$35.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$35.00
90688	Influenza- Inj- quad- P-free Fluzone PFS	\$35.00
90691	Typhoid- ViCpS	\$187.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$105.00
90696	DTaP-IPV - Quadracel	\$116.00
90697	DTaP-IPV-HepB-Hib - PFS	\$245.00
90698	DTaP- Hib- IPV (Pentacel)	\$195.00
90700	DTaP - Daptacel	\$62.00
90702	DT	\$120.00
90707	MMR	\$160.00
90710	MMRV	\$450.00

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

CPTCODE	Description	Fee
90713	IPV (Polio)	\$70.00
90714	Td (Tenivac) Preserve Free	\$65.00
90715	Tdap	\$89.00
90716	Varicella (chicken pox)	\$275.00
90717	Yellow Fever	\$325.00
90723	DTaP-Hep B- IPV (Pediarix)	\$166.00
90732	Pneumococcal (Pneumovax 23)	\$215.00
90734	Meningococcal (MCV4) Menveo	\$230.00
90738	Japanese encephalitis IM	\$520.00
90739	HEP B VACC ADULT 2 DOSE IM	\$218.00
90744	Hepatitis B (Child)	\$70.00
90746	Hepatitis B (Adult) PFS	\$141.00
90750	Zoster- recombinant (Shingrix)	\$325.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$48.00
90791	PSYCH DIAGNOSTIC EVALUATION	\$228.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$341.00
90832	PSYTX PT&/FAMILY 30 MINUTES EST	\$117.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$158.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$181.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$213.00
90839	PSYTX CRISIS INITIAL 60 MIN	\$211.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$90.00
90845	PSYCHOANALYSIS	\$167.00
91318	SARSCOV2 VAC 3MCG TRS-SUC	\$65.00
91319	SARSCV2 VAC 10MCG TRS-SUC I	\$85.00
91320	SARSCV2 VAC 30MCG TRS-SUC IM	\$130.00
91321	SARSCOV2 VAC 25 MCG/.25ML IM	\$145.00
91322	SARSCOV2 VAC 50 MCG/0.5ML IM	\$145.00
92551	Audiometry/screening test- pure tone- air only	\$39.00
92567	TYMPANOMETRY	\$18.00
93000	ECG w/interpretation	\$34.00
93040	ECG- Rhythm Strip	\$76.00
94010	SPIROMETRY	\$135.00
94060	Spirometry- Pre and Post	\$233.00
94640	Nebulizer/Inhalation Treatment	\$51.00
94664	Nebulizer - demo/eval of pt use	\$70.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$6.00
96110	ASQ (developmental screening)	\$59.00
96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$22.00
96372	Therapeutic IM/SC Injection	\$65.00

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

CPTCODE	Description	Fee
97802	MEDICAL NUTRITION- INDIV- IN	\$67.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$35.00
97804	MEDICAL NUTRITION- GROUP	\$18.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$18.34
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$8.82
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$6.44
99000	Collection of Other Lab Spec	\$22.00
99070	Vandazole Vaginal Gel TUBE	\$135.43
99080	SPECIAL REPORTS	\$10.00
99173	Vision screen- Bilateral	\$28.00
99174	Vision screen- bilateral- Instrument based with remote analysis and report	\$52.00
99177	Vision screen- bilateral- Instrument based with on-site analysis	\$28.00
99188	Fluoride Varnish Administered (Medical)	\$45.00
99202	E&M New Outpatient - Expanded Problem Focused	\$160.00
99203	New Patient Detailed Problem Focused	\$234.00
99204	E&M New Outpatient Comprehensive Problem	\$357.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$469.00
99211	E&M Established Outpatient - RN Only	\$60.00
99212	E&M Established Outpatient - Problem Focused	\$105.00
99213	E&M Established Outpatient Expanded Problem Focused	\$159.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$230.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$330.00
99242	Office Consultation Level 2	\$289.00
99243	Office Consultation Level 3	\$375.00
99244	Office Consultation Level 4	\$536.00
99245	Office Consultation Level 5	\$689.00
99341	HOME V- NP FOCUSED	\$122.00
99342	HOME V- NP EXPANDED	\$313.00
99344	HOME V- NP COMREH	\$339.00
99345	HOME V- NP HI COMP	\$391.00
99347	HOME V- EP FOCUSED	\$107.00
99348	HOME V- EP EXPANDED	\$306.00
99349	HOME V- EP DETAILED	\$267.00
99350	HOME V- EP COMPREHEN	\$370.00
99381	Preventive Medicine- New patient- <1 Year Old	\$202.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$206.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$211.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$234.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$264.00
99386	Preventive Medicine- New patient- 40-64 Years Old	\$294.00



**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

CPTCODE	Description	Fee
99387	Preventive Medicine- New patient- 65 Years Old	\$301.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$181.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$192.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$189.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$203.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$229.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$243.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$253.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$78.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$117.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$163.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$160.00
99406	Tobacco counseling/3-10 min	\$32.00
99407	Tobacco counseling></div>10 min	\$62.00
99421	OL DIG E/M SVC 5-10 MIN	\$93.02
99422	OL DIG E/M SVC 11-20 MIN	\$93.02
99423	OL DIG E/M SVC 21+ MIN	\$107.00
99441	PHONE E/M BY PHYS 5-10 MIN	\$47.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$142.00
99443	PHONE E/M BY PHYS 21-30 MIN	\$157.00
99606	Medications Management Therapy	\$41.00
99607	Medications Management Therapy Addl 15min	\$41.00
99608	Medications Management Therapy	\$41.00
A4266	Diaphragm Device	\$109.00
A4267	Condoms (Male) (1 pk = 12)	\$0.50
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$0.09
A6250	Silver Sulfadiazine 1% cream	\$0.26
D0120	PERIODIC ORAL EXAMINATION	\$44.00
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$43.00
D0145	ORAL EVALUATION- PT < 3YRS	\$41.00
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$52.00
D0190	Screening of Patient	\$41.00
D0191	ASSESSMENT OF A PATIENT	\$44.00
D0210	INTRAORL - CMPL SERIES CODE 70320	\$83.00
D0220	INTRAORL-PERIAPICAL 1 FILM 70300	\$25.00
D0230	INTRAORL-PERIAPICAL EA ADD FILM	\$20.00
D0240	INTRAORAL - OCCLUSAL FILM	\$15.00
D0270	BITEWING - SINGLE FILM	\$12.00
D0272	BITEWINGS - TWO FILMS	\$28.00
D0273	BITEWINGS - THREE FILMS	\$41.00

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

CPTCODE	Description	Fee
D0274	BITEWINGS - FOUR FILMS	\$45.00
D0601	CARIES RISK ASSESS DOC FIND LOW RSK	\$5.00
D0602	CARIES RISK ASSESS DOC FIND MOD RSK	\$5.00
D0603	CARIES RISK ASSESS DOC FIND HI RSK	\$5.00
D1110	PROPHYLAXIS - ADULT	\$75.00
D1120	PROPHYLAXIS - CHILD	\$75.00
D1206	TOPICAL FLUORIDE VARNISH	\$53.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$1.00
D1351	Dental Sealant - per tooth	\$37.00
D1352	PREV RSN REST MOD HIGH CARIES RISK	\$11.00
D1353	SEALANT REPAIR - PER TOOTH	\$25.00
D1354	INTERIM CARIES ARRESTING MED APPLIC	\$13.00
D2330	RESIN COMPOS - ONE SURFACE ANTERIOR	\$116.00
D2331	RESIN COMPOS - 2 SURFACES ANTERIOR	\$132.00
D2332	RESIN COMPOS - 3 SURFACES ANTERIOR	\$169.00
D2335	RSN COMPOS-4></div> SURF/W/INCISAL ANG	\$211.00
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$146.00
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$186.00
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$227.00
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$273.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$769.00
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	\$755.00
D2791	CROWN - FULL CAST PREDOM BASE METL	\$328.00
D3110	PULP CAP - DIRECT	\$53.00
D3120	PULP CAP - INDIRECT	\$56.00
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$138.00
D4341	Periodontal scaling & root	\$155.00
D4342	PERIODONTAL SCALING & ROOT PLAN 1-3 TEETH	\$130.00
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation	\$277.00
D4355	Full mouth debridement	\$112.00
D4381	Localized delivery of antimicrobial agent - per tooth	\$105.00
D4910	Periodontal maint procedures	\$103.00
D5110	COMPLETE DENTURE - MAXILLARY	\$1,103.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,104.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$1,148.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$1,149.00
D5211	MAX PARTIAL DENTURE - RESIN BASE	\$1,109.00
D5212	MAND PARTIAL DENTUR - RESIN BASE	\$1,111.00
D5213	MAX PART DENTUR-CAST METL W/RSN	\$1,172.00
D5214	MAND PART DENTUR- CAST METL W/RSN	\$1,175.00

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

CPTCODE	Description	Fee
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$41.00
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$41.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$41.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$41.00
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$165.00
D5750	RELINE COMPLETE MAXILLARY DENTURE	\$266.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE	\$266.00
D5820	INTERIM PARTIAL DENTURE	\$205.00
D5821	INTERIM PARTIAL DENTURE	\$205.00
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$128.00
D7210	SURG REMOVAL ERUPTED TOOTH	\$201.00
D9311	Consultation with a Medical Health Care Professional	\$95.00
D9430	Office Visit for Observation (during regularly scheduled hours)	\$69.00
D9991	Dental Case Management - Addressing appointment compliance barriers	\$15.00
D9992	Dental Case Management - Care Coordination	\$31.00
D9993	Dental Case Management - Motivational Interviewing	\$15.00
D9994	Dental Case Management - patient education to improve oral health literacy	\$15.00
G0008	ADMN FLU VAC NO FEE SCHED SAME DAY	\$35.00
G0009	ADMN PNEUMCOC VAC NO FEE SCHED DAY	\$35.00
G0010	ADMN HEP B VAC NO FEE SCHED SAME DAY	\$35.00
G0071	Comm svcs by rhc/fqhc 5 min	\$24.31
G0101	CA Screen/Breast Exam	\$58.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$25.00
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	\$58.00
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	\$16.00
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$34.00
G0271	MED NUT TX REASSESS GRP EA 30 MIN	\$18.00
G0344	Welcome to Medicare Exam	\$275.00
G0366	ECG w/ Welcome to Medicare exam	\$29.00
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	\$176.00
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	\$176.00
G0439	ANNUAL WELLNESS VST; PPS SUBSQT VST	\$139.00
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$20.00
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	\$28.00
G0447	Obesity Counseling (15 mins face-to-face)	\$60.00
G0466	FQHC VISIT NEW PATIENT	\$244.00
G0467	FQHC VISIT ESTABLISHED PATIENT	\$244.00
G0468	FQHC VISIT IPPE/AWV	\$244.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$240.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$240.00

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

CPTCODE	Description	Fee
G2010	Remot image submit by pt	\$14.00
G2012	Brief check in by md/qhp	\$16.00
G2025	Telehealth	\$92.03
G8598	Aspirin 325mg (ASA)	\$0.02
H0002	Alcohol and/or drug screenin	\$35.00
H0033	Other Preventive Medicine- Directly Observed Therapy	\$6.00
J0131	Acetaminophen 120mg SUPPOS. ORAL	\$0.32
J0131	Acetaminophen 160mg/5ml. LQ. ORAL	\$0.43
J0131	Acetaminophen 325mg CAP TAB. ORAL	\$0.01
J0170	Epinephrine 1mg/ml INJ. VIAL	\$14.98
J0171	EpiPen (Epinephrine) 0.30mg autoinjector	\$312.58
J0171	EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector	\$160.50
J0558	Penicillin G benz/G procaine (CR) 2.4 mil u/2mL (100-000 per unit)	\$128.85
J0561	Bicillin 1.2 mil Long Acting	\$13.80
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$13.80
J0696	Ceftriaxone 250mg/mL- IM	\$12.68
J0696	Ceftriaxone 500mg/mL- IM	\$14.17
J1030	Methylprednisolone 40mg INJ	\$8.94
J1040	Methylprednisolone 80mg INJ	\$14.69
J1050	Medroxyprogesterone 150mg/ml IM	\$57.80
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	\$38.25
J1100	Dexamethasone sodium phosphate 4mg/ml INJ	\$12.49
J1200	Diphenhydramine HCl 50mg/mL Inj	\$0.84
J1324	Nevirapine 50mg/5mL	\$0.79
J1580	Gentamicin 80mg/mL 2ML	\$1.14
J1741	Ibuprofen 200mg CAP	\$0.06
J1885	Ketorolac tromethamine 30mg/mL INJ	\$1.80
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$2.96
J2001	Lidocaine 2% Viscous SOLN	\$0.11
J2001	Xylocaine-Mpf 1% VIAL	\$6.96
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$0.48
J2405	Ondansetron ODT 4mg TAB	\$19.07
J2550	Promethazine HCl 25mg/mL (inj code is 50mg)	\$30.57
J3301	Triamcinolone acetonide 40mg/mL INJ (10mg per unit)	\$8.73
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$7.48
J3490	Capastat Injectable (1gr = 10ml)	\$221.31
J3490	Clotrimazole vag Cream 1%	\$8.84
J3490	Metronidazole Vaginal Gel TUBE	\$23.28
J3490	Paser 4gm	\$6.85
J3490	Sulfamet Trimet 800/160mg (100 tabs)	\$117.18

## 2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
J3490	Tivicay 50mg (30 tabs)	\$56.76
J3490	Triumeq 600/50/300mg (30 tabs)	\$96.05
J7296	Kyleena- 19.5 mg	\$1,180.00
J7297	IUD Device - Liletta	\$200.00
J7298	IUD Device - Mirena	\$753.00
J7300	IUD Device - Paragard	\$568.00
J7301	IUD Device - Skyla	\$550.00
J7307	Implant Device - Nexplanon	\$825.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$0.41
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$1.14
J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	\$1.97
J7620	Ipratropium BR 0.02% SOLN	\$1.51
J7626	Budesonide 0.5mg/2mL INH SUSP	\$9.48
J7627	Budesonide 1mg/2mL INH SUSP	\$19.76
J8499	Acyclovir 400mg	\$1.61
J8499	Acyclovir 800mg	\$3.14
J8499	Avelox 400mg	\$31.27
J8499	Azithromycin 500mg	\$13.33
J8499	Bactrim DS 800/160mg	\$0.99
J8499	Cefixime 400mg	\$23.83
J8499	Cephalexin 500mg	\$1.14
J8499	Cycloserine 250mg	\$66.88
J8499	Dapsone 100mg	\$2.59
J8499	Descovy 200mg/25mg (30 tabs)	\$57.38
J8499	Diflucan 100mg	\$7.54
J8499	Diphenhydramine 12.5mg/5ml LQ	\$0.02
J8499	Doxycycline 100mg	\$0.20
J8499	Erythromycin 500mg	\$73.52
J8499	Ethambutol 100mg	\$8.20
J8499	Ethambutol 400 mg	\$1.13
J8499	Ethionamide 250 mg	\$5.67
J8499	Fluconazole 100mg	\$7.54
J8499	Fluconazole 150mg	\$15.87
J8499	Genvoya 150-200-10	\$100.86
J8499	Hurricane Gyno-Gel	\$7.40
J8499	Ibuprofen 100mg/5mL LQ ORAL	\$0.03
J8499	Isoniazid 100mg	\$0.13
J8499	Isoniazid 300mg	\$0.43
J8499	Levaquin 250mg	\$14.39
J8499	Levaquin 500mg	\$17.20

## 2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
J8499	Levaquin 750mg	\$30.88
J8499	Linezolid 600mg Tab	\$146.94
J8499	Metronidazole 250 mg	\$0.41
J8499	Metronidazole 500 mg	\$5.55
J8499	Moxifloxacin 400 mg Tab	\$26.76
J8499	Mycobutin 150mg	\$14.98
J8499	Mylanta	\$0.09
J8499	Odefsey 200-25-25	\$91.79
J8499	Penicillin VK 500mg	\$0.67
J8499	Prezcobix 800/150mg	\$61.86
J8499	Prezista 800mg	\$54.12
J8499	Priftin 150mg	\$3.90
J8499	Pyrazinamide 500mg	\$2.45
J8499	Rifamate (rifampin and isoniazid) 150/300mg	\$60.83
J8499	Rifampin 150mg	\$16.95
J8499	Rifampin 300mg	\$14.03
J8499	Rifapentine 150mg	\$3.90
J8499	Streptomycin 1 gram VIAL	\$80.00
J8499	Tindamax 500mg	\$14.66
J8499	Tivicay 50mg	\$56.76
J8499	Triumeq 600/50/300mg	\$96.05
J8499	Truvada 200-300mg	\$57.38
J8499	Vitamin B-6 50mg	\$0.02
J8499	Zidovud Syrp 50mg/5mL 240mL	\$0.20
J8499	Zyvox 600mg	\$10.97
PHYEX	SNHD General Physical	\$91.00
Q0091	Pap Smear	\$74.00
Q0144	Azithromycin 500mg	\$13.33
Q0144	Azithromycin 600mg	\$15.99
Q0144	Azithromycin Powder 1gm	\$15.99
Q0144	Zithromax 1 gm powder	\$123.50
Q0163	Diphenhydramine 25mg CAP	\$0.02
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	\$77.00
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	\$2,100.00
S3620	NEWBORN METABOLIC SCREENING PANEL	\$5.00
S4993	Birth Control Pills - Apri (28 tabs) - Brand	\$29.41
S4993	Birth Control Pills - Aviane (28 tabs)	\$33.13
S4993	Birth Control Pills - Micronor (28 tabs)	\$56.12
S4993	Birth Control Pills - Nora - B (28 tabs)	\$34.54
S4993	Birth Control Pills - Orth Cyclen (28 tabs)	\$51.30

## 2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

CPTCODE	Description	Fee
S4993	Birth Control Pills - Ortho Trycyclen (28 tabs)	\$51.30
S4993	Birth Control Pills - Ortho Trycyclen Lo (28 tabs)	\$51.30
S4993	Birth Control Pills - Reclipsen (28 tabs)	\$33.68
S4993	Birth Control Pills - Sprintec (28 tabs)	\$30.78
S4993	Birth Control Pills - Tri Lo Sprintec (28 tabs)	\$122.35
S4993	Birth Control Pills - Trinessa (28 tabs)	\$27.90
S4993	Emergency Birth Control - Plan B	\$31.20
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$31.94
T1013	Sign Lang/Oral Interpreter	\$23.00
TBCB1	TBCB1 CHARGE	\$100.00
TBCB2	TBCB2 CHARGE	\$200.00
U0002	Covid-19 lab test non-cdc	\$100.00

Proposed fee changes for 2024