



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** February 20, 2020

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

PETITION #34-20

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

PETITIONERS:

Ernest Blazzard, Chief Financial Officer *EB*
Todd Bleak, Pharm.D., MBA, AAHVP, Clinical Pharmacist *TB*
JoAnn Rupiper, Chief Administrative Nurse *JR*
Michael Johnson, PhD, Director of Community Health *MJ*
Fermin Leguen, MD, MPH, Acting Chief Health Officer *FL*

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. 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 Clinics
Office Visits Fee Schedule
Effective: Upon Approval**

Office Visits		2019 Approved Fee	2020 Proposed Fee
Evaluation & Management Visits			
New Patient			
MD/APRN	Problem Focused	115.00	124.00
MD/APRN	Expanded Problem Focused	175.00	188.00
MD/APRN	Detailed Problem Focused	215.00	231.00
MD/APRN	Comprehensive Problem Focused	280.00	300.00
MD/APRN	Very Comprehensive Problem Focused	345.00	370.00
Established Patient			-
RN Only	RN Only	90.00	97.00
MD/APRN	Problem Focused	130.00	140.00
MD/APRN	Expanded Problem Focused	155.00	166.00
MD/APRN	Detailed Problem Focused	215.00	231.00
MD/APRN	Comprehensive Problem Focused	260.00	279.00
Preventive Medicine Services		160.00	172.00
Risk Reduction, Behavioral Assessment			
	Preventative, Risk Reduction Counseling, Approx 15 Min.	95.00	102.00
	Preventative, Risk Reduction Counseling, Approx 30 Min.	115.00	124.00
	Preventative, Risk Reduction Counseling, Approx 45 Min.	140.00	150.00
	Preventative, Risk Reduction Counseling, Approx 60 Min.	175.00	188.00
	Tobacco counseling/3-10 min	22.20	24.00
	Tobacco counseling/>10 min	42.75	46.00
	Prolonged/30-74 min additional	199.20	214.00
Medicare preventive services			
MD/APRN	CA Screen/Breast Exam	54.00	58.00
	Pap	69.00	74.00

**Southern Nevada Health District Clinics
Office Visits Fee Schedule
Effective: Upon Approval**

Office Visits		2019 Approved Fee	2020 Proposed Fee
	Prostate/PSA	-	-
	Welcome to Medicare exam	257.00	275.00
	ECG w/ Welcome to Medicare exam	27.00	29.00
Other			
MD/APRN	Directly Observed Therapy	5.00	6.00
MD/APRN	CA Screen/Breast Exam	54.00	58.00
	Therapeutic IM/SC Injection	40.00	43.00
MD/APRN	*Non-Covered Physical Exam	85.00	91.00
Pharmacist	Medications Management Therapy	38.00	41.00
*Sports, Daycare, School, Pre-Employment,			
	Medical Nutrition Therapy (MNT); initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes		35.00
	MNT; re-assessment and intervention, individual, face-to-face with the patient each 15 minutes		30.00
	MNT; group (2 or more individual(s)), each 30 minutes		17.00
	Diabetes outpatient self-management training services, individual, per 30 minutes		58.00
	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes		16.00
	MNT reassessment and subsequent intervention(s) for change in diagnosis, individual, each 15 minutes		30.00
	MNT reassessment and subsequent intervention(s) for change in diagnosis, group (2 or more), each 30 minutes		17.00
	Encounter for preprocedural examination (pre-op)		50.00
	Sign language or oral interpretive services, per 15 minutes or just " Sign lang/oral interpreter " for short		23.00

**Southern Nevada Health District Clinics
Procedures Fee Schedule
Effective: Upon Approval**

Procedures	2019 Approved Fee	2020 Proposed Fee
Implant Device - Nexplanon	771.00	825.00
Implant - Insertion	244.00	262.00
Implant - Removal	292.00	313.00
Implant Removal and Reinsertion	506.00	542.00
IUD Insertion	153.00	164.00
IUD Device - Mirena	703.00	753.00
IUD Device - Kyleena	481.00	515.00
IUD Device - Paragard	459.00	492.00
IUD Device - Skyla	454.00	486.00
IUD Device - Liletta	97.00	104.00
IUD Removal	207.00	222.00
IUD Removal and Reinsertion	360.00	386.00
Fluoride Varnish Administered (Medical)	37.00	40.00
ASQ (developmental screening)	55.00	59.00
ASQ (developmental testing)	55.00	59.00
Obesity Counseling (15 mins face-to-face)	55.00	59.00
Newborn Screening (Capillary specimen)	15.00	17.00
Collection of Venous Blood	10.00	11.00
Collection of Capillary Blood	10.00	11.00
Collection of Other Lab Spec	10.00	11.00
Vision screen, bilateral	25.00	27.00
Vision screen, bilateral, Instrument based with remote analysis and report	25.00	27.00
Vision screen, bilateral, Instrument based with on-site analysis	25.00	27.00
Pulmonary Diagnostic Testing/Pulse Oximetry - single determination	5.00	6.00
Tuberculosis Skin Testing	30.00	33.00

**Southern Nevada Health District Clinics
Procedures Fee Schedule
Effective: Upon Approval**

Procedures	2019 Approved Fee	2020 Proposed Fee
Audiometry/screening test, pure tone, air only	15.92	18.00
Nebulizer/Inhalation Treatment	29.06	32.00
Nebulizer- demo/eval of pt use	26.85	29.00
Spirometry	55.76	60.00
Spirometry, pre and post	94.13	101.00
Tympanometry	22.29	24.00
Cerumen removal w/ instrument	74.93	81.00
Cerumen removal w/o instrument	21.92	24.00
ECG, w/interpretation	26.10	28.00
ECG, rhythm strip	19.53	21.00
Burn care, initial	106.28	114.00
Foreign body, SKIN, simple	238.74	256.00
I&D abscess	183.87	197.00
Laceration repair, simple (site, size): 2.5 cm or less	212.15	228.00
Male condom		0.50

**Southern Nevada Health District Clinics
Medication Fee Schedule
Effective: Upon Approval**

Medications	2019 Approved Fee	2020 Proposed Fee
Acetaminophen 120mg SUPPOS, ORAL	0.30	0.32
Acetaminophen 325mg CAP TAB, ORAL	0.01	0.01
Acetaminophen 160mg/5mL, LQ, ORAL	0.40	0.43
Acyclovir 400mg	1.51	1.61
Acyclovir 800mg	2.93	3.14
Albuterol Sul 2.5mg/3mL SOLN	1.06	1.14
Antibiotic Ointment (Bacitracin Zinc) PACKET	0.09	0.09
Aspirin 325mg (ASA)	0.01	0.02
Avelox 400mg	29.23	31.27
Azithromycin Powder 1gm	23.30	24.94
Azithromycin 500mg	12.45	13.33
Azithromycin 600mg	14.95	15.99
Bactrim DS 800/160mg	0.92	0.99
Bicillin 2.4 Long Acting	309.57	331.24
Birth Control Pills - Apri (28 tabs)	24.41	26.12
Birth Control Pills - Aviane (28 tabs)	28.13	30.10
Birth Control Pills - Micronor (28 tabs)	52.45	56.12
Birth Control Pills - Nora - B (28 tabs)	29.54	31.60
Birth Control Pills - Orth Cyclen (28 tabs)	47.94	51.30
Birth Control Pills - Orth Trycyclen (28 tabs)	47.94	51.30
Birth Control Pills - Orth Trycyclen Lo (28 tabs)	47.94	51.30
Birth Control Pills - Reclipsen (28 tabs)	31.48	33.68
Birth Control Pills - Sprintec (28 tabs)	25.78	27.59
Birth Control Pills - Tri Lo Sprintec (28 tabs)	117.35	125.56
Birth Control Pills - Trinessa (28 tabs)	26.08	27.90
Budesonide 0.5mg/2mL INH SUSP	8.86	9.48
Budesonide 1mg/2mL INH SUSP	18.46	19.76
Capastat Injectable (1gr = 10ml)	206.83	221.31
Cefixime 400mg	22.14	23.69
Ceftriaxone 250mg/mL, IM	11.85	12.68
Ceftriaxone sodium 500mg (bill 2 units) INJ	-	-
Cephalexin 500mg	1.06	1.14
Clotrimazole Vaginal Cream (1%)	5.19	5.56
Cycloserine 250mg	58.11	62.18
Dapsone 100mg	2.42	2.59
DepoProvera 150mg/mL IM	200.40	214.43

**Southern Nevada Health District Clinics
Medication Fee Schedule
Effective: Upon Approval**

Medications	2019 Approved Fee	2020 Proposed Fee
Descovy 200mg/25mg	53.63	57.38
Dexamethasone sodium phosphate 10mg/mL INJ	5.04	38.25
Dexamethasone sodium phosphate 4mg/mL INJ	0.84	12.49
Diflucan 100mg	7.04	7.54
Diphenhydramine 25mg CAP	0.02	0.02
Diphenhydramine HCl 50mg/mL INJ	0.79	0.84
Diphenhydramine 12.5mg/5mL LQ	0.02	0.02
Doxycycline 100mg	0.19	0.20
Emergency Birth Control - Plan B	31.20	33.38
Epinephrine 1mg/mL INJ, VIAL	14.00	14.98
EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector	150.00	160.50
EpiPen (Epinephrine) 0.30mg autoinjector	292.13	312.58
Erythromycin 500mg	15.03	73.52
Ethambutol 100mg	0.36	8.20
Ethambutol 400mg	1.06	1.13
Ethionamide 250mg	5.30	5.67
Fluconazole 100mg	7.04	7.54
Fluconazole 150mg	27.87	29.82
Gentamicin 40mg/mL 2ML	1.07	1.14
Genvoya 150-200-10	94.26	100.86
Hurricane Gyno-Gel	6.92	7.40
Ibuprofen 200mg CAP	0.06	0.06
Ibuprofen 100mg/5mL LQ ORAL	0.03	0.03
Iprat-Albut 0.5-3(2.5)mg/3mL	1.84	1.97
Ipratropium BR 0.02% SOLN	1.41	1.51
Isoniazid 100mg	0.12	0.13
Isoniazid 300mg	0.41	0.43
Ketorolac tromethamine 30mg/mL INJ	1.68	1.80
Ketorolac tromethamine 60mg/2mL INJ	2.76	2.96
Levaquin 250mg	13.45	14.39
Levaquin 500mg	16.07	17.20
Linezolid 600 mg Tab	146.94	157.22
Levaquin 750mg	28.86	30.88
Lidocaine 2% Viscous SOLN	0.11	0.11
Medroxyprogesterone 150mg/ml IM	78.28	83.76
Methylprednisolone 40mg INJ	8.35	8.94

**Southern Nevada Health District Clinics
Medication Fee Schedule
Effective: Upon Approval**

Medications	2019 Approved Fee	2020 Proposed Fee
Methylprednisolone 80mg INJ	13.73	14.69
Metrogel Vaginal Gel 0.75% TUBE	361.39	386.69
Moxifloxacin 400 mg Tab	21.78	23.30
Metronidazole 250mg	0.38	0.41
Metronidazole Vaginal Gel TUBE	3.70	3.96
Mupirocin 2% OINTMENT	13.64	14.59
Mycobutin 150mg	14.00	14.98
Mylanta	0.08	0.09
Nevirapine 50mg/5mL	0.74	0.79
NEW DAY TAB 1.5MG 1 NSTR@	26.94	39.53
Odefsey 200-25-25	85.78	91.79
Ondansetron 4mg/2mL INJ (the code is 1 unit)	0.44	0.48
Ondansetron ODT 4mg TAB	17.83	19.07
Paser 4gm	6.40	6.85
Penicillin G benz/G procaine (CR) 1.2 mil u/2mL (100,000 per unit)	120.42	128.85
Penicillin G benzathine (LA) 600,000 u/mL (100,000 per unit)	87.23	93.33
Penicillin VK 500mg	0.62	0.67
Prednisolone 15mg/5mL SOLN, ORAL	0.39	0.41
Prezcobix 800/150mg	57.81	61.86
Prezista 800mg	50.58	54.12
Priftin 150mg	3.65	3.90
Promethazine HCl 25mg/mL inj code is 50mg)	1.27	30.57
Pyrazinamide 500mg	2.29	2.45
Rifamate (rifampin and isoniazid) 150/300mg	5.10	60.83
Rifampin 150mg	2.59	16.95
Rifampin 300mg	3.67	14.03
Rifapentine 150mg	3.65	3.90
Silver Sulfadiazine 1% CREAM	0.24	0.26
Streptomycin 1gram VIAL	75.00	80.25
Tindamax 500mg	13.70	14.66
Tivicay 50mg	53.04	56.76
Triamcinolone acetonide 40mg/mL INJ (10mg per unit)	8.16	8.73
Triumeq 600/50/300mg	89.77	96.05

**Southern Nevada Health District Clinics
Medication Fee Schedule
Effective: Upon Approval**

Medications	2019 Approved Fee	2020 Proposed Fee
Truvada 200-300mg	53.63	57.38
Vandazole Vaginal Gel TUBE	130.43	139.56
Vitamin B12 (Cyanocobalamin) 1000mg INJ	6.99	7.48
Vitamin B-6 50mg	0.01	0.01
Xylocaine-Mpf 1% VIAL	1.96	2.10
Zithromax 1 gm powder	117.91	126.16
Zidovud Syrp 50mg/5mL 240mL	0.19	0.20
Zyvox 600mg	256.31	274.26

**Southern Nevada Health District Clinics
Laboratory Test Fee Schedule
Effective: Upon Approval**

Laboratory Tests	2019 Approved Fee	2020 Proposed Fee
SNPHL		
Syphilis IgG antibody (treponemal)	60.00	65.00
RPR, non treponemal qualitative	39.00	42.00
RPR titer, non-treponemal quantitative	46.00	50.00
TPPA antibody (treponemal)	60.00	65.00
HIV-1 and HIV-2 antibody, single result (EIA)	34.00	37.00
HIV-1 antigen, with HIV-1 and HIV-2 antibodies, single result	36.00	39.00
Chlamydia, Detection by Amplified Probe Technique	49.00	53.00
Neisseria gonorrhoeae, Detection by Amplified Probe Technique	49.00	53.00
Gonorrhea Culture, Isolation and Presumptive Identification	62.00	67.00
N. gonorrhoeae Culture, Confirmatory Identification	141.00	151.00
Quantiferon	60.00	65.00
Pap Smear	52.00	56.00
Hepatic Function Panel (Liver Panel)	16.82	18.00
Hepatitis B surface Ab, qualitative	16.82	18.00
Hepatitis B surface Ab, quantitative	30.84	33.00
HPV (AMP)	33.00	36.00
Acute Hepatitis Panel w/reflex	98.01	105.00
CLINIC TESTS		-
Blood glucose, monitoring device	8.09	9.00
Hemocult	6.69	8.00
HIV-1/2	49.55	54.00
Hep C, Rapid, Oraquick	29.36	32.00
Influenza	24.66	27.00
Microalbumin	9.42	11.00
Mononucleosis	10.65	12.00
RSV	24.66	27.00
Strep A	20.97	23.00

**Southern Nevada Health District Clinics
Laboratory Test Fee Schedule
Effective: Upon Approval**

Laboratory Tests	2019 Approved Fee	2020 Proposed Fee
UA dipstick	5.25	6.00
Hemoglobin A1c	19.98	22.00
Urine Pregnancy Test	15.00	17.00
Bacterial Vaginosis	15.00	17.00
Trichomonas Vaginalis	15.00	17.00
Smear, Wet Mount for Inf Agents	20.00	22.00
Hemoglobin	21.00	23.00
Lead	35.00	38.00
Cholesterol	6.00	7.00

**Southern Nevada Health District Clinics
 Immunizations Fee Schedule
 Effective: Upon Approval**

Immunizations	2019 Approved Fee	2020 Proposed Fee
Admin Fee 1st Vaccine	20.00	20.00
Admin Fee Each additional Vaccine (IM or SQ)	8.00	8.00
Chicken Pox (Varicella)	240.00	249.00
DT (Diphtheria, Tetanus)	91.00	96.00
DTaP	42.00	42.00
DTap-Hep B-IPV - Pediarix	136.00	137.00
DTap-Hib-IPV - Pentacel	120.00	124.00
DTap-IPV	98.00	99.00
Hepatitis A & B - Twinrix	155.00	157.00
Hepatitis A (Adult) HAVRIX, VAQTA	82.00	84.00
Hepatitis A (Child)	54.00	55.00
Hepatitis B (Adult)	88.00	90.00
Hepatitis B (Child) engerix, Merck	37.00	48.00
Hepatitis B adjuvanted	177.00	163.00
Hib PRP-OMP	55.00	57.00
Hib PRP-T	23.00	23.00
HPV, bivalent	-	-
HPV, Gardasil #9	384.00	419.00
HPV, quadrivalent (Gardasil)	-	-
Influenza, ccIIIV4, .50 Prsve (1 dose)	32.00	34.00
Influenza, High Dose Seasonal	87.00	84.00
Influenza, Intranasal, Quad	-	45.00
Influenza, Quad Inj Prsrve 0.25 (1 dose)	32.00	32.00
Influenza, Quad Inj Prsrve 0.50 (1 dose)	32.00	32.00
Influenza, Quad, .25 P. Free (1 dose)	-	33.00
Influenza, Quad, .50 P. Free (1 dose)	-	33.00
Influenza, ccIIIV4, .50 Prsve (1 dose)	32.00	34.00
Influenza, ccIIIV4, .50 P-free (1 dose)	-	36.00
Influenza, adjuvanted- Fluad	-	85.00
Influenza, inj MDCK, Quad, Pres	32.00	-
IPV - IPOL	45.00	45.00
Live, Oral Cholera Vaxchora	439.00	431.00
Meningococcal (MCV4) Menactra	205.00	206.00
Meningococcal (MCV4) Menveo	205.00	206.00
Meningococcal (MenB-4C- Bexsero)	288.00	291.00
Meningococcal (MenB-FHbp- Trumenba)	234.00	241.00

**Southern Nevada Health District Clinics
Immunizations Fee Schedule
Effective: Upon Approval**

Immunizations	2019 Approved Fee	2020 Proposed Fee
Meningococcal (MPSV4)	-	-
MMR	141.00	146.00
MMRV	395.00	410.00
Pneumococcal (Pneumovax 23)	183.00	190.00
Pneumococcal (Prevnar 13)	352.00	363.00
Rabies	553.00	543.00
Rotavirus, Monovalent (Rotarix)	216.00	220.00
Rotavirus, Pentavalent	164.00	164.00
Shingrix (Zoster Subunit)	272.00	277.00
Td, Preserve FREE	53.00	53.00
Tdap (Adacel)	68.00	68.00
Tdap (Boostrix)	68.00	68.00
Typhoid	126.00	129.00
Yellow Fever	-	240.00
Yellow Fever Stamaril	-	240.00
Live, oral cholera	439.00	431.00
Live, oral typhoid	-	167.00
Japanese Encephalitis (Ixiaro)	-	495.00
Zoster (Shingles) Zostavax	-	-

**Southern Nevada Health District Clinics
Dental Fee Schedule
Effective: Upon Approval**

DESCRIPTION	2019 Approved Fee	2020 Proposed Fee
Screening of patient	39.00	41.00
Assessment of patient	39.00	44.00
Prophylaxis - adult	75.00	75.00
Prophylaxis - child	75.00	75.00
Topical fluoride varnish	53.00	53.00
Oral hygiene instructions	-	-
Dental Sealant per tooth	37.00	37.00
Sealant repair per tooth	25.00	25.00
Interim caries arresting med.		13.00
Periodontal scaling and root planning - 4 or more teeth per quad	154.00	155.00
Periodontal scaling and root planning - 1-3 teeth per quad	83.00	130.00
Scaling in presence of gen. mod./ severe gingival inflammation full mouth	277.00	277.00
Full mouth debridement to enable comprehensive eval/ diagnosis	112.00	112.00
Local delivery antimicrobial agent/ tooth	105.00	105.00
Periodontal maintenance	62.00	103.00
Consultation with a medical health care professional	15.00	95.00
Office visit for observation		69.00
Comprehensive period eval new or est. patient	-	-
Caries risk assessment low risk	5.00	5.00
Caries risk assessment moderate risk	5.00	5.00
Caries risk assessment high risk	5.00	5.00
Comprehensive oral evaluation - new or established patient		52.00
Periodic oral evaluation – established patient		44.00
Limited oral evaluation - problem focused		43.00

**Southern Nevada Health District Clinics
Dental Fee Schedule
Effective: Upon Approval**

DESCRIPTION	2019 Approved Fee	2020 Proposed Fee
Oral evaluation for a patient under three years of age and counseling with primary care giver		41.00
Intraoral, complete series radiographic images		83.00
Intraoral, periapical first radiographic image		25.00
Intraoral, periapical each additional radiographic image		20.00
Intraoral occlusal radiographic image		15.00
Bitewing, single radiographic image		12.00
Bitewings, two radiographic images		28.00
Bitewings, three radiographic images		41.00
Bitewings, four radiographic images		45.00
Extraction, erupted tooth or exposed root		128.00
Extraction- removal of erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		201.00
Pulp cap direct		53.00
Pulp cap indirect		56.00
Therapeutic pulpotomy		138.00
Preventative resin restoration		11.00
Resin-based composite, one surface, anterior		116.00
Resin-based composite, two surfaces, anterior		132.00
Resin-based composite, three surfaces, anterior		169.00
Resin-based composite, four or more surfaces, anterior		211.00
Resin based composite, one surface, posterior		146.00

**Southern Nevada Health District Clinics
Dental Fee Schedule
Effective: Upon Approval**

DESCRIPTION	2019 Approved Fee	2020 Proposed Fee
Resin based composite, two surfaces, posterior		186.00
Resin based composite, three surfaces, posterior		227.00
Resin based composite, four or more surfaces, posterior		273.00
Crown Porcelain/Ceramic		769.00
Crown porcelain fused base metal		755.00
Crown full cast base metal		328.00
Dentures complete maxillary		1,103.00
Dentures complete mandible		1,104.00
Dentures immediate maxillary		1,148.00
Dentures immediate mandible		1,149.00
Dentures maxillary partial resin		1,109.00
Dentures mandibular partial resin		1,111.00
Dentures maxillary partial metal		1,172.00
Dentures mandibular partial metal		1,175.00
Dentures adjust complt maxillary		41.00
Dentures adjust complt mandibular		41.00
Dentures adjust part maxillary		41.00
Dentures adjust part mandibular		41.00
Repair broken complete denture base max		62.00
Repair broken complete denture base mand		62.00
Add tooth to partial denture		165.00
Denture reline complete maxillary lab		266.00
Denture reline complete mandibular lab		266.00
Denture interim partial maxillary		205.00
Denture interim partial mandibular		205.00