

# Southern Nevada Health District

Board of Health

April 27, 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 50<sup>th</sup> 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 50<sup>th</sup> 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 as informational.
- 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.



Questions



# Exhibit A

## 2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
<b>Pathology &amp; Laboratory</b>			
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
<b>Pathology &amp; Laboratory (continued)</b>			
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
<b>Immunizations/Vaccines</b>			
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
<b>Immunizations/Vaccines (continued)</b>			
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
<b>Mental Health</b>			
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
<b>Medical Nutrition Therapy</b>			
97802	MEDICAL NUTRITION, INDIV, IN	\$ 40.00	\$ 67.00
<b>Office Visits &amp; Preventive Care</b>			
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
<b>Office Visits &amp; Preventive Care (continued)</b>			
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
<b>Telemedicine</b>			
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			

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2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
10060	I&D Abscess	\$ 267.00
10120	Foreign Body- SKIN- Simple	\$ 340.00
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
36416	Newborn Screening (Capillary specimen)	\$ 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
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
82465	SNHD Cholesterol - Clia	\$ 6.00
82947	Blood glucose- monitoring device	\$ 22.00
83036	Hemoglobin A1c - Clia	\$ 22.00
83036	SNHD Hemoglobin A1c - Clia	\$ 19.98
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
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
86703	HIV-1 and HIV-2 antibody- single result (EIA)	\$ 37.00
86704	Hep b core antibody total	\$ 0.01
86705	Hepatitis B core IgM	\$ 12.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
86706	Hepatitis B surface Ab- qualitative	\$ 18.00
86708	Hepatitis A Total Ab	\$ 18.00
86709	Hepatitis A IgM	\$ 12.00
86769	Sars-cov-2 covid-19 antibody	\$ 0.01
86780	Syphilis IgG antibody (treponemal)	\$ 65.00
86780	TPPA 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 Antigen	\$ 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	Chlmyd trach dna dir probe	\$ 0.01
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 53.00
87521	Hepatitis c probe&rvrs trnsc	\$ 0.01
87522	Hepatitis C Quantitative RNA	\$ 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 NAAT	\$ 52.00
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
87905	SNHD Bacterial Vaginosis	\$ 15.00
88150	Pap Smear	\$ 56.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 48.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 17.00
90619	Meningococcal MenACWY MenQuadfi	\$ 270.00
90620	Meningococcal (MenB-4C-Bexsero)	\$ 340.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 280.00
90625	Cholera- live oral	\$ 431.00
90632	Hepatitis A (Adult)	\$ 135.00
90633	Hepatitis A (Child)	\$ 79.00
90634	HEP A VACC- PED/ADOL- 3 DOSE	\$ 0.01
90636	Hepatitis A & B (Twinrix)	\$ 203.00
90644	MENINGOCCL HIB VAC 4 DOSE IM	\$ 0.01
90647	Hib PRP-OMP	\$ 60.00
90648	Hib PRP-T	\$ 57.00
90649	H PAPILOMA VACC 3 DOSE IM	\$ 0.01
90650	HPV TYP BIVAL 3 DOSE IM	\$ 0.01
90653	Influenza-trivalent-adjuvanted (Fluad)	\$ 105.00
90662	Influenza- High Dose Seasonal	\$ 88.00
90670	Pneumococcal (Prevnar 13)	\$ 420.00
90671	PCV15 (Vaxneuvance)	\$ 420.00
90672	Influenza-live- intranasal- quadrivalent	\$ 45.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
90674	Flu- MDCK-pfree-Quad PFS	\$ 45.00
90675	Rabies	\$ 570.00
90677	PCV20 (Prevnar 20)	\$ 472.00
90680	Rotavirus- Pentavalent	\$ 165.00
90681	Rotavirus- Monovalent (Rotarix)	\$ 240.00
90685	Infl.- Quad- Adjuvanted Afluria	\$ 35.00
90686	Influenza Inj. Quad Pres/Free Fluarix	\$ 35.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$ 35.00
90688	Influenza- Inj- quad- P-free Fluzone PFS	\$ 35.00
90688	Influenza- inj- quad- pres Fluzone MDV	\$ 35.00
90691	Typhoid	\$ 187.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$ 105.00
90696	DTaP-IPV (Kinrix)	\$ 116.00
90696	DTaP-IPV - Quadracel	\$ 116.00
90697	DTaP-IPV-HepB-Hib - PFS	\$ 245.00
90697	DTAP-IPV-HIB-HEPB VACCINE IM	\$ 245.00
90698	DTaP- Hib- IPV (Pentacel)	\$ 195.00
90700	DTap	\$ 62.00
90702	DT	\$ 120.00
90707	MMR	\$ 160.00
90710	MMRV	\$ 450.00
90713	IPV (Polio)	\$ 70.00
90714	Td Grifols	\$ 65.00
90715	Tdap	\$ 89.00
90715	Tdap Boostrix	\$ 75.00
90715	Tdap Boostrix PFS	\$ 75.00
90716	Chicken Pox (Varicella)	\$ 275.00
90717	Yellow Fever	\$ 325.00
90717	Yellow Fever Stamaril	\$ 325.00
90723	DTaP-Hep B- IPV (Pedarix)	\$ 166.00
90732	Pneumococcal (Pneumovax 23)	\$ 215.00
90732	Pneumococcal - Pneumovax 23 PFS	\$ 215.00
90734	Meningococcal (MCV4) Menactra	\$ 230.00
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)	\$ 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	\$ 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 NEW	\$ 211.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 90.00
90845	PSYCHOANALYSIS	\$ 167.00
92551	Audiometry/screening test- pure tone- air only	\$ 34.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
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	\$ 132.00
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
96372	Therapeutic IM/SC Injection	\$ 65.00
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
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	Class B (Peds) 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	\$ 96.00
99213	Class B (Peds) 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
99241	Office Consultation Level 1	\$ 183.00
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
99324	DOMICIL/R-HOME VISIT NEW PAT	\$ 126.00
99325	DOMICIL/R-HOME VISIT NEW PAT	\$ 199.00
99326	DOMICIL/R-HOME VISIT NEW PAT	\$ 340.00
99327	DOMICIL/R-HOME VISIT NEW PAT	\$ 456.00
99334	DOMICIL/R-HOME VISIT EST PAT	\$ 157.00
99335	DOMICIL/R-HOME VISIT EST PAT	\$ 237.00
99336	DOMICIL/R-HOME VISIT EST PAT	\$ 322.00
99337	DOMICIL/R-HOME VISIT EST PAT	\$ 422.00
99354	Prolonged/30-74 min additional	\$ 178.00
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

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 294.00
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
*90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 23.00
*90471	Admin Fee 1st Vaccine	\$ 23.00
*90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 15.00
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	\$ 40.00
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	\$ 28.39
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	\$ 40.00
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	\$ 40.00
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	\$ 40.00
0031A	ADM SARSCOV2 VAC AD26 .5ML	\$ 40.00
0034A	ADM SARSCOV2 VAC AD26 .5ML B	\$ 40.00
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST	\$ 40.00
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND	\$ 40.00
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	\$ 40.00
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	\$ 40.00
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	\$ 40.00
0054A	ADM SARSCV2 30MCG TRS-SUCR B	\$ 40.00
0071A	ADM SARSCV2 10MCG TRS-SUCR 1	\$ 40.00
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	\$ 40.00
0073A	ADM SARSCV2 10MCG TRS-SUCR 3	\$ 40.00
0074A	ADM SARSBV 10 MCG TRS-SUCR	\$ 40.00
0081A	ADM SARSCOV 2 PFIZER 6MO-4 YRS 1ST	\$ 40.00
0082A	ADM SARSCOV 2 PFIZER 6MOS-4YR 2ND	\$ 40.00
0083A	ADM SARSCOV 2 PFIZER 6MOS-4YRS 3RD	\$ 40.00
0091A	ADM SARSCOV MOD 6-11YR 1ST	\$ 40.00
0093A	ADM SARSCOV2 6-11YRS 3RD	\$ 40.00
0094A	ADM SARSCOV2 6-11 YRS BOOSTER	\$ 40.00



2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0111A	ADM SARSCOV2 MOD 6MO-5YR	\$ 40.00
0112A	ADM SARSCOV2 MOD 6MO-5YR 2ND	\$ 40.00
0124A	ADM SARSCO2 BV 12+	\$ 40.00
0134A	ADM SARSCOV2 MOD BIVALENT BOOSTER	\$ 40.00
0144A	ADM SARSCOV2 MOD 6-11 BV	\$ 40.00
0154A	ADM SARSCOV2 BV 5-11YR	\$ 40.00
0164A	ADM SARSCOV2 MOD BV 6OS-5YRS	\$ 40.00
0173A	ADM SARSCOV2 BV 6mo - 4yr	\$ 40.00
A4266	Diaphragm Device	\$ 109.00
A4267	Condoms (Male) (1 pk = 12)	\$ 0.50
A6250	Silver Sulfadiazine 1% cream	\$ 0.26
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$ 0.09
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
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

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
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	Scalling 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
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	\$ 84.00
G0010	ADMN HEP B VAC NO FEE SCHD SAME DAY	\$ 90.00
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

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
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
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
H0033	Other Preventive Medicine- Directly Observed Therapy	\$ 6.00
J0131	Acetaminophen 160mg/5ml. LQ. ORAL	\$ 0.43
J0131	Acetaminophen 120mg SUPPOS. ORAL	\$ 0.32
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) 1.2 mil u/2mL (100-000 per unit)	\$ 128.85
J0561	Bicillin 2.4 Long Acting	\$ 13.80
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$ 13.80
J0696	Ceftriaxone 500mg/mL- IM	\$ 14.17
J0696	Ceftriaxone 250mg/mL- IM	\$ 12.68
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 60mg/2mL INJ	\$ 2.96
J1885	Ketorolac tromethamine 30mg/mL INJ	\$ 1.80
J2001	Xylocaine-Mpf 1% VIAL	\$ 6.96
J2001	Lidocaine 2% Viscous SOLN	\$ 0.11
J2405	Ondansetron ODT 4mg TAB	\$ 19.07
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$ 0.48
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	Sulfamet Trimet 800/160mg (100 tabs)	\$ 117.18
J3490	Triumeq 600/50/300mg (30 tabs)	\$ 96.05
J3490	Tivicay 50mg (30 tabs)	\$ 56.76
J3490	Metronidazole Vaginal Gel TUBE	\$ 23.28
J3490	Clotrimazole vag Cream 1%	\$ 8.84
J3490	Paser 4gm	\$ 6.85
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

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
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	Linezolid 600mg Tab	\$ 146.94
J8499	Genvoya 150-200-10	\$ 100.86
J8499	Triumeq 600/50/300mg	\$ 96.05
J8499	Odefsey 200-25-25	\$ 91.79
J8499	Streptomycin 1 gram VIAL	\$ 80.00
J8499	Erythromycin 500mg	\$ 73.52
J8499	Cycloserine 250mg	\$ 66.88
J8499	Prezcobix 800/150mg	\$ 61.86
J8499	Rifamate (rifampin and isoniazid) 150/300mg	\$ 60.83
J8499	Descovy 200mg/25mg (30 tabs)	\$ 57.38
J8499	Truvada 200-300mg	\$ 57.38
J8499	Tivicay 50mg	\$ 56.76
J8499	Prezista 800mg	\$ 54.12
J8499	Avelox 400mg	\$ 31.27
J8499	Levaquin 750mg	\$ 30.88
J8499	Moxifloxacin 400 mg Tab	\$ 26.76
J8499	Cefixime 400mg	\$ 23.83
J8499	Levaquin 500mg	\$ 17.20
J8499	Rifampin 150mg	\$ 16.95
J8499	Fluconazole 150mg	\$ 15.87
J8499	Mycobutin 150mg	\$ 14.98
J8499	Tindamax 500mg	\$ 14.66
J8499	Levaquin 250mg	\$ 14.39
J8499	Rifampin 300mg	\$ 14.03
J8499	Azithromycin 500mg	\$ 13.33
J8499	Zyvox 600mg	\$ 10.97
J8499	Ethambutol 100mg	\$ 8.20
J8499	Diflucan 100mg	\$ 7.54
J8499	Fluconazole 100mg	\$ 7.54
J8499	Hurricane Gyno-Gel	\$ 7.40
J8499	Ethionamide 250 mg	\$ 5.67
J8499	Metronidazole 500 mg	\$ 5.55
J8499	Priftin 150mg	\$ 3.90
J8499	Rifapentine 150mg	\$ 3.90
J8499	Acyclovir 800mg	\$ 3.14
J8499	Dapsone 100mg	\$ 2.59
J8499	Pyrazinamide 500mg	\$ 2.45
J8499	Acyclovir 400mg	\$ 1.61
J8499	Cephalexin 500mg	\$ 1.14
J8499	Ethambutol 400 mg	\$ 1.13
J8499	Bactrim DS 800/160mg	\$ 0.99
J8499	Penicillin VK 500mg	\$ 0.67
J8499	Isoniazid 300mg	\$ 0.43

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J8499	Metronidazole 250 mg	\$ 0.41
J8499	Doxycycline 100mg	\$ 0.20
J8499	Zidovud Syrp 50mg/5mL 240mL	\$ 0.20
J8499	Isoniazid 100mg	\$ 0.13
J8499	Mylanta	\$ 0.09
J8499	Ibuprofen 100mg/5mL LQ ORAL	\$ 0.03
J8499	Diphenhydramine 12.5mg/5ml LQ	\$ 0.02
J8499	Vitamin B-6 50mg	\$ 0.02
PHYEX	SNHD General Physical	\$ 91.00
Q0091	Pap Smear	\$ 74.00
Q0144	Zithromax 1 gm powder	\$ 123.50
Q0144	Azithromycin 600mg	\$ 15.99
Q0144	Azithromycin Powder 1gm	\$ 15.99
Q0144	Azithromycin 500mg	\$ 13.33
Q0163	Diphenhydramine 25mg CAP	\$ 0.02
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	\$ 77.00
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	\$ 2,100.00
S4993	Birth Control Pills - Tri Lo Sprintec (28 tabs)	\$ 122.35
S4993	Birth Control Pills - Micronor (28 tabs)	\$ 56.12
S4993	Birth Control Pills - Orth Cyclen (28 tabs)	\$ 51.30
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 - Nora - B (28 tabs)	\$ 34.54
S4993	Birth Control Pills - Reclipsen (28 tabs)	\$ 33.68
S4993	Birth Control Pills - Aviane (28 tabs)	\$ 33.13
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$ 31.94
S4993	Emergency Birth Control - Plan B	\$ 31.20
S4993	Birth Control Pills - Sprintec (28 tabs)	\$ 30.78
S4993	Birth Control Pills - Apri (28 tabs) - Brand	\$ 29.41
S4993	Birth Control Pills - Trinessa (28 tabs)	\$ 27.90
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
U0003	Cov-19 amp prb hgh thrupt	\$ 100.00

Proposed fee change for 2023