APPROVED BY THE FINANCE COMMITTEE
NOVEMBER 19, 2025

# MINUTES

## SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
## FINANCE COMMITTEE MEETING
**March 26, 2025 – 3:00 p.m.**
**Meeting was conducted via Microsoft Teams**

| | |
|---|---|
| **MEMBERS PRESENT:** | Scott Nielson – Chair – At-Large Member, Gaming<br>Nancy Brune – Council Member, City of Las Vegas<br>Scott Black – Mayor Pro Tempore, City of North Las Vegas<br>Marilyn Kirkpatrick – Commissioner, Clark County |
| **ABSENT:** | Bobbette Bond – At-Large Member, Regulated Business/Industry |
| **ALSO PRESENT:** (In Audience) | N/A |
| **LEGAL COUNSEL:** | Heather Anderson-Fintak, General Counsel |
| **EXECUTIVE SECRETARY:** | Cassius Lockett, PhD, District Health Officer |
| **STAFF:** | Emily Anelli, Tawana Bellamy, Danielle Bohannan, Daniel Burns, Donna Buss, Nancy Cadena, Andria Cordovez Mulet, Horng-Yuan Kan, Cassius Lockett, Anil Mangla, Jonas Maratita, Kimberly Monahan, Brian Northam, Kyle Parkson, Luann Province, Yin Jie Qin, Alexis Romero Kim Saner, Chris Saxton, Karla Shoup, Jennifer Sizemore, Randy Smith, Renee Trujillo, Justin Tully, DJ Whitaker, Edward Wynder, Lourdes Yapjoco |

### I. CALL TO ORDER AND ROLL CALL

Chair Nielson called the meeting to order at 3:08 p.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

### II. PLEDGE OF ALLEGIANCE

### III. FIRST PUBLIC COMMENT

**FIRST PUBLIC COMMENT**: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

## IV. ADOPTION OF THE MARCH 26, 2025 MEETING AGENDA *(for possible action)*

*A motion was made by Member Black, seconded by Member Brune, and carried unanimously to approve the March 26, 2025 Agenda as presented.*

## V. CONSENT AGENDA

1. **APPROVE MINUTES/FINANCE COMMITTEE MEETING:** November 20, 2024 *(for possible action*

   *A motion was made by Member Kirkpatrick, seconded by Member Brune, and carried unanimously to approve the March 26, 2025 Consent Agenda as presented.*

## VI. REPORT / DISCUSSION / ACTION

1. **Receive and Discuss the SNHD Federal Poverty Level (FPL) guidelines and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Randy Smith, Chief Executive Officer – FQHC, presented the update to the Federal Poverty Level (FPL) guidelines. Mr. Smith advised that the FPL guidelines changed annually in January, with 2025 seeing an increase of 2.9% to the Consumer Price Index (CPI) from 2023 and 2024. The guidelines were used to adjust the sliding fee schedules.

   Member Kirkpatrick inquired whether the FPL guidelines were specific to health care or were the same guidelines used for housing and childcare, as she understood the levels were different for housing. Mr. Smith advised that the FPL guidelines were dictated by the Department of Health and Human Services based on the CPI.

   *A motion was made by Member Kirkpatrick, seconded by Member Black, and carried unanimously to adopt the Update Federal Poverty Level Guidelines, as presented, and recommend adoption of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.*

2. **Receive and Discuss the SNHD Clinical Sliding Fee Schedules and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Mr. Smith advised that offering Sliding Fee Schedules, for qualifying patients, was a requirement for HHS, HRSA and various other pass-through grants. Mr. Smith confirmed that patients were seen regardless of their ability to pay and are not sent to collections to recover outstanding payments. Mr. Smith highlighted the Point of Care Discount, which provides a 50% discount on fees if payment was made at the time of a visit, for patients that had an income of 200% or greater than the federal poverty level, who did not qualify for the sliding fee discount.

Further to an inquiry from Member Kirkpatrick on the write-offs, Donnie (DJ) Whitaker, Chief Financial Officer, advised that the write-offs are recorded against the revenue, different than a bad debt write-off. Dr. Lockett advised that two options available to offset the write-offs are (i) treatment accounts, and (ii) medically indigent accounts. Member Kirkpatrick suggested that staff review the options with the auditors to determine their feasibility.

Further to an inquiry from Member Brune regarding how the Health Center write-off compared to the previous year to other jurisdictions, Mr. Smith advised that the write-off had increased from the previous year. Mr. Smith further advised that the Health Center serves more uninsured patients than other clinics in Nevada and more than others around the country, compared to other FQHCs, which created an unsustainable payor mix. Mr. Smith advised that the Health Center was eligible to be reimbursed under the Perspective Payment System (PPS), which was a cost-based reimbursement for Medicaid, the best payor source. Mr. Smith advised that the Health Center was seeing more patients than the previous year. Member Kirkpatrick advised that Clark County paid 99% of Medicare and funded Medicaid voluntarily. Mr. Smith confirmed that a small portion were Medicare patients. Dr. Lockett advised that the Health District was looking to enhance and develop senior and pediatric services.

Member Kirkpatrick advised of two senior facilities in the vicinity of the Health District in need of primary care and suggested that staff make contact with the facilities. Further, Member Kirkpatrick suggested that Mr. Smith request the assistance of the Board member to help advocate with their senior communities.

Mr. Smith advised that the PPS rate is still based on an interim rate, which was rate setting based on a cost analysis. Mr. Smith advised that the enabling services provided by the Health Center is what sets us apart from other FQHCs.

Mr. Smith further outlined a market study of fees for FQHCs in Nevada.

Further to an inquiry from Member Kirkpatrick on when patients are advised of their fees for service, Mr. Smith advised that patients are advised at the point of care, when they are checking in for their appointment, whether they will be placed on a sliding fee or providing their insurance information. Mr. Smith confirmed that no patient was turned away for their inability to pay.

Mr. Smith shared the results of a patient survey on the sliding fee program. Mr. Smith proceeded to outline the Clinical Sliding Fee Schedules and advised there were no changes from last year.

*A motion was made by Member Black, seconded by Member Kirkpatrick, and carried unanimously to accept the SNHD Clinical Sliding Fee Schedules, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.*

3. **Receive and Discuss the SNHD Clinical Master Fee Schedule and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Ms. Whitaker presented the proposed updates to the Clinical Master Fee Schedule.

   Ms. Whitaker advised that the Billing Fee Schedule was reviewed annually to add new fees or to adjust existing fees based on analysis within the market. Ms. Whitaker further advised that uninsured individuals would see minimal or no impact of the proposed changes, based on the availability of the sliding fee schedules. Ms. Whitaker outlined the review methodology and the proposed changes. Ms. Whitaker outlined there were proposed changes to 305 fees, with 47 being new fees.

   Member Kirkpatrick requested that Ms. Whitaker provide additional details at the Board of Health meeting for the new Board members to understand how insurance reimbursement ties into the fee schedule.

   *A motion was made by Member Kirkpatrick, seconded by Member Black, and carried unanimously to accept the Clinical Master Free Schedule Updates, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.*

4. **Receive and Discuss the FY2026 Budget and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Ms. Whitaker presented the FY2026 Budget, which begins on July 1, 2025 and ends on June 30, 2026, with the following highlights:

   <u>Highlights</u>
   - Staffing was projected to increase to 872.5 FTE, compared to the FY2025 augmented budget of 864.3 FTE.
   - General Fund revenues project at $121.6M, an increase of $7.3M from FY2025 augmented budget.
   - Special Revenue Fund (Grants) decrease to $61.9M, a decrease of $17M from FY2025 augmented budget
     - SB118 funding started in FY2025, total of $10.95M; an estimated $6.8M is anticipated to be utilized in FY2026.
     - Reduction in grant expenditure request compared to FY2025 augmented budget.
   - Lab Expansion Project, currently underway, was expected to continue in FY2026 with $8.8M anticipated to be utilized.

   <u>Revenues – General & Grants Fund</u>
   - Clark County Property Tax revenue is expected at $38.8M an increase of $1.8M or 3.0% compared to $37.7M from FY2025. Pharmacy revenue also increased $6.1M and Permits and Fees increased $0.9M from FY2025 Augmentation.
   - General Funds Revenue increased from $114.2M to $121.6M, a $7.3M or 6.4% increase from FY2025 Augmentation.

- Special Revenue Funds decreased from $78.9M to $61.9M due to the conclusion of grants and reduction in grant expenditures requested compared to FY2025 Augmentation. Examples: COVID 19 Disaster Relief, Ryan White, Family Planning, Public Health Infrastructure (PHI), and Enhancing Detection Expansion grant.

Expenditures – General Fund

- General Fund employee salaries and benefits for FY2026 total $78.8M, an increase of $6.5M or 19% from FY2025 Augmented. FY2026 budget includes a full year of salaries and benefits for vacant positions that were partially accounted for in the FY2025 Augmented budget. Additionally, FY2026 proposed budget includes a 4% COLA, 2.5% Merit and the impact of the 3.25% PERS increase that is effective July 1, 2025 (1/2 of the PERS increase is paid by SNHD)
- FTE changes from FY2025 augmented to FY2026 proposed budget includes 15.7 additional FTE (net); 12 of these positions are new and 3.7 are transfers from other funds.
- General Fund Pharmacy Medical supplies increased from $23.9M to $28.4M, an increase of $4.5M or 44%

Expenditures – Grant Fund

- Special Revenue Funds expenses decreased from $85.2M to $70.7M due to the conclusion of grants and reduction in grant expenditures requested compared to FY2025 Augmentation. Examples on conclusion of grants and reduction in request: COVID 19 Relief grants, Ryan White, Family Planning, PHI grant, and Enhancing Detection Expansion grant.
- SB118 revenue is estimated at $6.8M in FY2026. Anticipated FTE total is 13.4 positions (4 New) with estimated salaries & benefits of $1.6M.
- PHI Grant revenue is estimated at $7.1M in FY2026. Anticipated FTE total is 45 positions with estimated salaries & benefits of $5.8M.
- FTE changes from FY2025 augmented to FY2026 proposed budget includes a reduction of 7.5 FTE (net). There are12 new positions offsetting transfers and reductions.

Ms. Whitaker further reviewed the:

- Revenues vs. Expenditures combined by Division
- Personnel by Division, comparing FY2023, FY2024 and FY2025
- Capital Improvement Projects
- Three Fiscal Year Activity – General Fund, Special Revenue Fund, Bond Reserve Fund, and Internal Service Fund

*A motion was made by Member Black, seconded by Member Kirkpatrick, and carried unanimously to accept the FY2026 Budget, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.*

**VII. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

## VIII. ADJOURNMENT

The Chair adjourned the meeting at 4:39 p.m.

Cassius Lockett, PhD
District Health Officer/Executive Secretary
/acm

# AGENDA

**SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**
**FINANCE COMMITTEE**
**March 26, 2025 – 3:00 P.M.**
**Meeting will be conducted via Microsoft Teams**

## NOTICE

**Microsoft Teams:**
**https://events.teams.microsoft.com/event/c85d76c3-f576-4952-a70a-b42e36dbfd01@1f318e99-9fb1-41b3-8c10-d0cab0e9f859**

**To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 999 400 771#**

---

**NOTE:**
- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

---

**I. CALL TO ORDER AND ROLL CALL**

**II. PLEDGE OF ALLEGIANCE**

**III. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state and spell your name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 999 400 771#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

**IV. ADOPTION OF THE MARCH 26, 2025 AGENDA** *(for possible action)*

V. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** November 20, 2024 *(for possible action)*

VI. **REPORT / DISCUSSION / ACTION**

1. **Receive and Discuss the SNHD Federal Poverty Level (FPL) guidelines and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Receive and Discuss the SNHD Clinical Sliding Fee Schedules and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Receive and Discuss the SNHD Clinical Master Fee Schedule and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Receive and Discuss the FY2026 Budget and Approve Recommendations to the Southern Nevada District Board of Health on March 27, 2025**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. **SECOND PUBLIC COMMENT**: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **See above for instructions for submitting public comment.**

VIII. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at https://snhd.info/meetings, the Nevada Public Notice website at https://notice.nv.gov, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.

# MINUTES

**SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**
**FINANCE COMMITTEE MEETING**
**November 20, 2024 – 1:00 p.m.**
**Meeting was conducted via Microsoft Teams**

| | |
|---|---|
| **MEMBERS PRESENT:** | Scott Black – Mayor Pro Tempore, City of North Las Vegas<br>Bobbette Bond – At-Large Member, Regulated Business/Industry<br>Marilyn Kirkpatrick – Commissioner, Clark County<br>Jim Seebock – Council Member, City of Henderson |
| **ABSENT:** | Nancy Brune – Council Member, City of Las Vegas<br>Scott Nielson – Chair – At-Large Member, Gaming |
| **ALSO PRESENT:**<br>(In Audience) | Josh Findlay |
| **LEGAL COUNSEL:** | Heather Anderson-Fintak, General Counsel |
| **EXECUTIVE SECRETARY:** | Fermin Leguen, MD, MPH, District Health Officer |
| **STAFF:** | Emily Anelli, Tawana Bellamy, Daniel Burns, Joe Cabanban, Nancy Cadena, Andria Cordovez Mulet, Jacques Graham, Richard Hazeltine, Cassius Lockett, Anilkumar Mangla, Kimberly Monahan, Luann Province, Yin Jie Qin, Kim Saner, Chris Saxton, Randy Smith, Renee Trujillo, DJ Whitaker, Edward Wynder |

## I. CALL TO ORDER AND ROLL CALL

Member Kirkpatrick called the Finance Committee Meeting to order a 1:10 p.m. and agreed to chair the meeting. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

## II. PLEDGE OF ALLEGIANCE

## III. FIRST PUBLIC COMMENT

**FIRST PUBLIC COMMENT**: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

## IV. ADOPTION OF THE NOVEMBER 20, 2024 MEETING AGENDA *(for possible action)*

*A motion was made by Member Bond, seconded by Member Seebock, and carried unanimously to approve the November 20, 2024 Agenda as presented.*

## V. CONSENT AGENDA

1. **APPROVE MINUTES/FINANCE COMMITTEE MEETING:** June 24, 2024 *(for possible action*

   *A motion was made by Member Black, seconded by Member Bond, and carried unanimously to approve the November 20, 2024 Consent Agenda as presented.*

## VI. REPORT / DISCUSSION / ACTION

1. **Receive and Discuss Annual Comprehensive Financial Audit Report and Single Audit Report from FORVIS MAZARS LLP and Approve Recommendations to the Southern Nevada District Board of Health on November 21, 2024**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Josh Findlay, Senior Manager, of FORVIS MAZAR LLP attended the meeting to present the Independent Auditor's Report and the Single Audit Report. Mr. Findlay advised that they issued an unmodified audit opinion, with no findings.

   Mr. Findlay outlined that the following six major federal programs were audited:
   - 21.027 – COVID-19 – Coronavirus State and Local Fiscal Recovery Funds
   - 93.217 – Family Planning Services
   - 93.323 – COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
   - 93.391 – COVID-19 – Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises
   - 93.967 – Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health

   Mr. Findlay further outlined the required communications, related to accounting policies, GASB 101, GASB 102, GASB 103, GASB 104 and accounting treatments, and noted that there were no issues.

   *A motion was made by Member Black, seconded by Member Seebock and carried unanimously to accept the Annual Comprehensive Financial Audit Report and the Single Audit Report, as presented, and to recommend acceptance of same to the Board of Health at its meeting on November 21, 2024.*

2. **Receive and Discuss the Financial Report, as of September 30, 2024**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Donnie (DJ) Whitaker, Chief Financial Officer, presented the Financial Report, as of September 30, 2024, related to the Revenues, Expenses, and Net Position (September 30, 2024 – Unaudited).

**VII. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

**VIII. ADJOURNMENT**

The Chair adjourned the meeting at 1:46 p.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary
/acm

# UPDATE TO FEDERAL POVERTY LEVEL

RANDY SMITH
CHIEF EXECUTIVE OFFICER – FQHC
SOUTHERN NEVADA COMMUNITY HEALTH CENTER

MARCH 26, 2025

# Tied to Federal Poverty Guidelines

The Federal Poverty Guidelines are published annually by Department of Health and Human Services (HHS) in the Annual Update of the HHS Poverty Guidelines

Rates reflects the 2.9% increase to the CPI-U for Calendar Year 2023 and 2024

- Updated annually to account for last calendar year's increase in prices as measured by the Consumer Price Index
- Publish Date of January 17, 2025

After adjusting for inflation, the following guidelines are rounded and adjusted to standardize the differences between family sizes

# Federal Poverty Levels 2025

| % of Federal Poverty Level | 0-100% | | 101% to 150% | | 151% to 175% | | 176% to 199% | | Primary Care/SHC 200% + |
|---|---|---|---|---|---|---|---|---|---|
| Program Code | P-0 | | P-1 | | P- 2 | | P-3 | | P-4 |
| **Family Size | Equal to or Between | | Equal to or Between | | Equal to or Between | | Equal to or Between | | Equal to or Above |
| 1 | 0 | $ 15,650 | $ 15,651 | $ 23,475 | $ 23,476 | $ 27,388 | $ 27,389 | $ 31,299 | $ 31,300 |
| 2 | 0 | $ 21,150 | $ 21,151 | $ 31,725 | $ 31,726 | $ 37,013 | $ 37,014 | $ 42,299 | $ 42,300 |
| 3 | 0 | $ 26,650 | $ 26,651 | $ 39,975 | $ 39,976 | $ 46,638 | $ 46,639 | $ 53,299 | $ 53,300 |
| 4 | 0 | $ 32,150 | $ 32,151 | $ 48,225 | $ 48,226 | $ 56,263 | $ 56,264 | $ 64,299 | $ 64,300 |
| 5 | 0 | $ 37,650 | $ 37,651 | $ 56,475 | $ 56,476 | $ 65,888 | $ 65,889 | $ 75,299 | $ 75,300 |
| 6 | 0 | $ 43,150 | $ 43,151 | $ 64,725 | $ 64,726 | $ 75,513 | $ 75,514 | $ 86,299 | $ 86,300 |
| 7 | 0 | $ 48,650 | $ 48,651 | $ 72,975 | $ 72,976 | $ 85,138 | $ 85,139 | $ 97,299 | $ 97,300 |
| 8 | 0 | $ 54,150 | $ 54,151 | $ 81,225 | $ 81,226 | $ 94,763 | $ 94,764 | $ 108,299 | $ 108,300 |

# Federal Poverty Levels 2025

| % of Federal Poverty Level | Family Planning - 200%+ | | | Ryan White - 200%+ | | | | |
|---|---|---|---|---|---|---|---|---|
| Program Code | P-4: 200% to 250% | | P-5: 251% + | P-4: 200% to 300% | | P-5: 301% - 399% | | P-6: 400%+ |
| **Family Size | Equal to or Between | | Equal to or Above | Equal to or Between | | Equal to or Between | | Equal to or Above |
| 1 | $ 31,300 | $ 39,125 | $ 39,126 | $ 31,300 | $ 46,950 | $ 46,951 | $ 62,599 | $ 62,600 |
| 2 | $ 42,300 | $ 52,875 | $ 52,876 | $ 42,300 | $ 63,450 | $ 63,451 | $ 84,599 | $ 84,600 |
| 3 | $ 53,300 | $ 66,625 | $ 66,626 | $ 53,300 | $ 79,950 | $ 79,951 | $ 106,599 | $ 106,600 |
| 4 | $ 64,300 | $ 80,375 | $ 80,376 | $ 64,300 | $ 96,450 | $ 96,451 | $ 128,599 | $ 128,600 |
| 5 | $ 75,300 | $ 94,125 | $ 94,126 | $ 75,300 | $ 112,950 | $ 112,951 | $ 150,599 | $ 150,600 |
| 6 | $ 86,300 | $ 107,875 | $ 107,876 | $ 86,300 | $ 129,450 | $ 129,451 | $ 172,599 | $ 172,600 |
| 7 | $ 97,300 | $ 121,625 | $ 121,626 | $ 97,300 | $ 145,950 | $ 145,951 | $ 194,599 | $ 194,600 |
| 8 | $ 108,300 | $ 135,375 | $ 135,376 | $ 108,300 | $ 162,450 | $ 162,451 | $ 216,599 | $ 216,600 |


# MOTION

***Motion to Approve the Federal Poverty Level (FPL) guidelines, as presented, and Recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.***

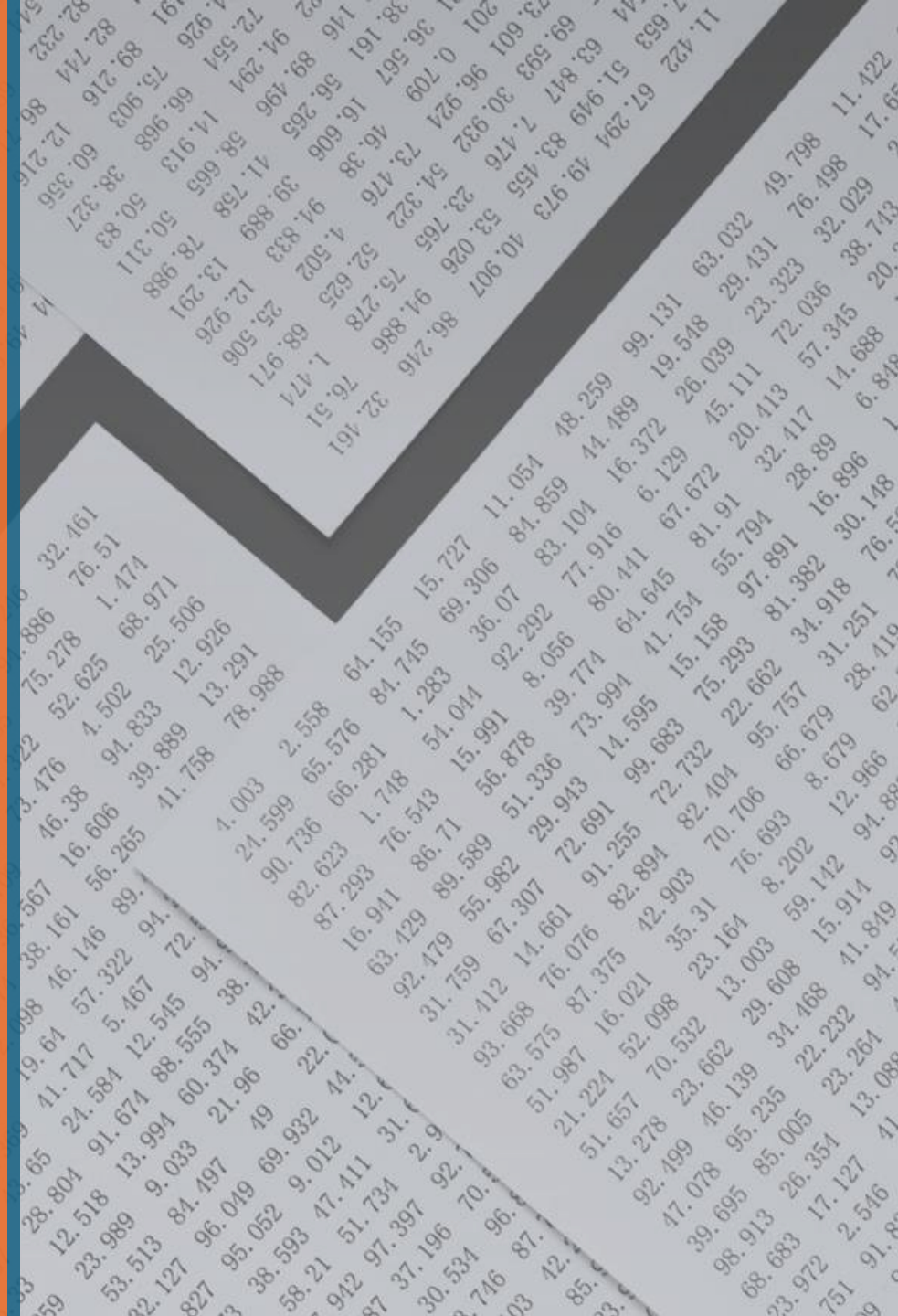
# Questions?

SOUTHERN NEVADA Community HEALTH CENTER

# CLINICAL SLIDING FEE SCHEDULE

RANDY SMITH
CHIEF EXECUTIVE OFFICER - FQHC
SOUTHERN NEVADA COMMUNITY HEALTH CENTER

MARCH 26, 2025



# Sliding Fee Schedule Requirement

Offering a Sliding Fee Schedule for Qualifying Patients is a Requirement

HEALTH AND HUMAN SERVICES (HHS)

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

OTHER PASS-THROUGH GRANTS

# HRSA Sliding Fee Program Requirements

*Authority Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)*

- **The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.**

- The health center must **prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates** or charges and **designed to cover its reasonable costs of operation** and must **prepare a corresponding schedule of discounts [sliding fee discount schedule** (SFDS)] to be applied to the payment of such fees or payments, **by which discounts are adjusted on the basis of the patient's ability to pay**.

# HRSA Sliding Fee Program Requirements

*Authority Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)*

- The health center must establish systems for [sliding fee] eligibility determination. (SNCHC: FPG, Family Size and Annual Income)
- The health center's schedule of discounts must provide for:
  - A full discount to individuals and families with annual incomes at or below those set forth in the most recent Federal Poverty Guidelines (FPG) [100% of the FPG], **except that nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals**; and
  - No sliding fee discount to individuals and families with annual incomes greater than twice those set forth in such Guidelines [200% of the FPG].
    - Title X – Family Planning and Ryan White have higher thresholds.

# HRSA Billing & Collection Requirements

*Authority Section 330(k)(3)(E), (F), and (G) of the PHS Act; and 42 CFR 51c.303(e), (f), and (g) and 42 CFR 56.303(e), (f), and (g)*

- The health center must assure that any **fees or payments required** by the center for health care services will be reduced or waived in order to **assure that no patient will be denied such services due to an individual's inability to pay for such services.**
- The health center **must make and continue to make every reasonable effort to secure payment for services from patients**, in accordance with health center fee schedules and the corresponding schedule of discounts
  - $53,423.73 collected from payments initiated through statements in CY24 (FQHC & PPC).
    - 34% increase in collection compared to CY23.

# Sliding Fee Program in Action

- Patients are eligible to be placed on the Sliding Fee Discount Schedule based on their annual income and family size;
- Based on a patient's placement on the schedule, a sliding fee charge is created and billed to the patient at the point of care;
- Patients are asked to make a payment;
- Patient either make a full payment, partial payment or no payment;
- **ALL patients are seen regardless of their ability to pay**;
- Patients with outstanding payment balances are sent a billing statement with a request to pay;
- Any outstanding payment balances after 12 months are written off as bad debt;
- Patients are **NOT** sent to collections to recover outstanding payments.
- Patients receive personalized support from the health center's onsite partners to screen for insurance eligibility and for assistance with submitting applications to enroll in Medicaid.

# Support to Patients Who Do Not Qualify for the SFDS

- Point of Care Discount of 50% to patients who do not qualify for the SFDS and are charged the full fee and make their payment at the time of their visit.
  - Primary Care and Sexual Health patients with incomes greater than 200% of the FPL
  - Family Planning patients with incomes at or above 251% of the FLP
  - Ryan White patients with incomes at or above 400% of the FLP
- Intent:
  - Remove access barriers for patients who may forgo receiving care based on the communicated full charges.
  - Increase participation among uninsured patients paying for their services.
- Complements the Sliding Fee Discount schedule.

# Sliding Fee Discount Schedule Analysis

Determine if the Nominal and Sliding Fee charges are comparable with the local prevailing market.

- Comparative analysis of Nominal and Sliding Fee charges among Nevada FQHCs

Assess if the Nominal and Sliding Fee charges present a financial barrier to accessing care.

- Patient surveys

$4.878 million in sliding fee write offs in CY2024

# Market Study of Fees for FQHCs in Nevada

Six (6) Health Centers queried in March 2025. They include:

- All for Health, Health for All
- Firstmed Health & Wellness
- First Person Care Clinic
- Hope Christian Health Center
- Nevada Health Centers
- Canyonlands Healthcare

SOUTHERN NEVADA Community HEALTH CENTER

# Market Study of Fees for FQHCs in Nevada

| FQHC | *SNCHC | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| Lowest Side Scale Fee | **$0-20** | $0 | $0 | $35 | $40 | $35 | $10 |
| Highest Slide Scale Fee | **$55** | Must come in to discover rate. | Must come in to discover rate. | $90 | $70 | $95 | $50 |
| Full Price Fee | **$200** | $100 | $120 | $100 | $200 | Ala Carte-billed after visit | Ala Carte-billed after visit |

*** Charges include office visit and basic labs**

| Sliding Fee Program Patient Survey -2025 (103 Surveys) | |
|---|---|
| **Question** | **%** |
| **1. Are you enrolled or enrolling in the sliding fee discount program?** | |
| a. Yes, enrolled | 32% |
| b. Yes, enrolling | 11% |
| c. No, not enrolled/enrolling | 18% |
| d. No, not interested in the program | 9% |
| e. No, have health insurance | 30% |
| **2. If so, do you think the fees are reasonable for the services provided by SNCHC?** | |
| a. Strongly Agree | 41% |
| b. Agree | 34% |
| c. Neutral | 23% |
| d. Disagree | 2% |
| e. Strongly Disagree | 0% |
| **3. Does the sliding scale fee make it easier to access services at the health center?** | |
| a. Yes | 95% |
| b. No | 5% |
| **4. Have you ever cancelled an appointment due to lack of funds to pay the discounted fee?** | |
| a. Yes | 16% |
| b. No | 84% |
| **5. Would you refer others to the Health Center knowing we have a sliding fee discount program available?** | |
| a. Strongly Agree | 56% |
| b. Agree | 32% |
| c. Neutral | 9% |
| d. Disagree | 3% |
| e. Strongly Disagree | 0% |

# Sliding Fee Program Patient Survey Results

# Primary Care Sliding Fee Schedule

| Income % of the Federal Poverty Level | 100% or below | 101%-150% | 151%-175% | 176%-199% | 200%+ |
|---|---|---|---|---|---|
| Program Code | P0 | P1 | P2 | P3 | P4 |
| Slide Discount % | Nominal Fee | 82.5% | 77.5% | 72.5% | 0% |
| Provider Visit Fees | $20 | $35 | $45 | $55 | $200 |
| Nurse Visit ONLY Fees | $4 | $7 | $9 | $11 | $40 |

# Sexual and Reproductive Health Sliding Fee Schedule

| Income % of the Federal Poverty Level | 100% or below | 101%-150% | 151%-175% | 176%-199% | 200%+ |
|---|---|---|---|---|---|
| Program Code | P0 | P1 | P2 | P3 | P4 |
| Slide Discount % | Nominal Fee | 82.5% | 77.5% | 72.5% | 0% |
| Provider Visit Fees | $20 | $35 | $45 | $55 | $200 |
| Nurse Visit ONLY Fees | $4 | $7 | $9 | $11 | $40 |

# Family Planning Sliding Fee Schedule

| Income % of the Federal Poverty Level | 100% or below | 101%-150% | 151%-175% | 176%-199% | 200%-250% | 251%+ |
|---|---|---|---|---|---|---|
| Program Code | P0 | P1 | P2 | P3 | P4 | P5 |
| Slide Discount % | Nominal Fee | 82.5% | 77.5% | 72.5% | 70% | 0% |
| Provider Visit Fees | $0 | $35 | $45 | $55 | $60 | $200 |
| Nurse Visit ONLY Fees | $0 | $7 | $9 | $11 | $12 | $40 |

# Ryan White Sliding Fee Schedule

| Income % of the Federal Poverty Level | 100% or below | 101%-150% | 151%-175% | 176%-199% | 200%-300% | 301-399% + | 400% + |
|---|---|---|---|---|---|---|---|
| Program Code | P0 | P1 | P2 | P3 | P4 | | |
| Slide Discount % | Nominal Fee | 82.5% | 77.5% | 72.5% | 0% | 0% | 0% |
| Provider Visit Fees | $0 | $35 | $45 | $55 | $200 | $200 | $200 |
| Nurse Visit ONLY Fees | $0 | $7 | $9 | $11 | $40 | $40 | $40 |
| No charges beyond __% of pt.'s gross annual income | 0% | 5% | 5% | 5% | 7% | 10% | N/A |

# Pharmacy Sliding Fee Schedule

| Income % of the Federal Poverty Level | 100% or below | 101%-150% | 151%-175% | 176%-200% | 200%+ |
|---|---|---|---|---|---|
| Program Code | P0 | P1 | P2 | P3 | P4 |
| Medications (up to 30-day supply) | $7 | $12 | $17 | $22 | Full cost/$22 |
| Insulin (vial/pen) | $10 | $10 | $10 | $10 | $10 |
| Diabetic supplies | $10 | $10 | $10 | $10 | $10 |
| Glucose Meter | $20 | $20 | $20 | $20 | $20 |


# MOTION

***Motion to Approve the SNHD Clinical Sliding Fee Schedule, as presented, and Recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.***

# THANK YOU
# QUESTIONS?

SOUTHERN NEVADA Community HEALTH CENTER

SOUTHERN NEVADA Community HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

# Updates to SNHD Clinical Master Fee Schedule

DONNIE (DJ) WHITAKER
CHIEF FINANCIAL OFFICER

MARCH 26, 2025

# Clinical Master 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 consistent with the local medical community prevailing rates.  These regular fee updates 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 or point of care discount.

# Clinical Master 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 2025).

Identify existing fees lower than 60th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2025.

Propose fee changes based on comparison of current fees to 60$^{th}$ percentile of reported fees and Medicare reimbursement rate.

If there are fees not represented in the Physician Fees Report, an analysis of direct and indirect costs for services, medications or other ancillary costs is completed to form a basis for the fees.

These methods ensure SNHD is positioned to receive the fullest reimbursement possible from payers. Proposed changes to individual fees are included in Exhibit A (305 fees total with 47 new fees). All other fees on the billing fee schedule remain the same.

# REFERENCES

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 | | |
|---|---|---|---|
| | 2025 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE | | |
| CPTCODE | Description | Current Rate | Proposed New Fee |
| | Integumentary | | |
| 10060 | I&D Abscess | $ 332.00 | $ 426.00 |
| 10120 | Foreign Body- SKIN- Simple | $ 471.00 | $ 599.00 |
| 11104 | PUNCH BX SKIN SINGLE LESION | New Fee | $ 248.00 |
| 11105 | PUNCH BX SKIN EA SEP/ADDL | New Fee | $ 126.00 |
| 11106 | INCAL BX SKN SINGLE LES | New Fee | $ 273.00 |
| 11200 | REMOVAL OF SKIN TAGS | New Fee | $ 180.00 |
| 11300 | SHAVE TRUNK <0.5 CM | New Fee | $ 214.00 |
| 11301 | SHAVE TRUNK 0.6-1 CM | New Fee | $ 252.00 |
| 11302 | SHAVE TRUNK 1.1-2 CM | New Fee | $ 275.00 |
| 11303 | SHAVE TRUNK >2 CM | New Fee | $ 317.00 |
| 11305 | SHAVE S-N-H <0.5 CM | New Fee | $ 1,765.00 |
| 11306 | SHAVE S-N-H 0.6-1 CM | New Fee | $ 214.00 |
| 11307 | SHAVE S-N-H 1.1-2 CM | New Fee | $ 251.00 |
| 11308 | SHAVE S-N-H >2 CM | New Fee | $ 253.00 |
| 11310 | SHAVE F-E-E-N-L-M <0.5 CM | New Fee | $ 242.00 |
| 11311 | SHAVE F-E-E-N-L-M 0.6-1 CM | New Fee | $ 276.00 |
| 11312 | SHAVE F-E-E-N-L-M 1-2 CM | New Fee | $ 287.00 |
| 11313 | SHAVE F-E-E-N-L-M >2 CM | New Fee | $ 340.00 |
| 11730 | REMOVAL OF NAIL PLATE | New Fee | $ 297.00 |
| 11732 | REMOVE NAIL PLATE- ADD-ON | New Fee | $ 114.00 |
| 11750 | REMOVAL OF NAIL BED | $ 161.39 | $ 555.00 |
| 11981 | Implant - Insertion | $ 304.00 | $ 315.00 |
| 11982 | Implant - Removal | $ 320.00 | $ 326.00 |
| 15851 | REMOVAL OF SUTURES | New Fee | $ 164.00 |
| 16000 | Burn Care- Initial | $ 306.00 | $ 404.00 |
| 17110 | DESTRUCT LESION- 1-14 | New Fee | $ 305.00 |
| 17111 | DESTRUCT LESION- 15 OR MORE | New Fee | $ 305.00 |

| | | | |
|---|---|---|---|
| | **Female Genital** | | |
| 57410 | PELVIC EXAMINATION | $ 259.00 | $ 296.00 |
| 58300 | IUD Insertion | $ 254.00 | $ 280.00 |
| 58301 | IUD Removal | $ 252.00 | $ 267.00 |
| | **Radiology** | | |
| 72040 | X-RAY EXAM OF NECK SPINE | $ 38.74 | $ 125.00 |
| | **Pathology & Laboratory** | | |
| 80048 | **BMP**GlucoseBUNCreatinineBUN/Crea ratioNaKCLCO2 | New Fee | $ 56.00 |
| 80069 | **RENAL PANEL**GlucoseBUNCreatinineBUN/Crea ratioNaKCLCO2CaPhosphoruse( | New Fee | $ 75.00 |
| 80074 | Acute Hepatitis Panel w/reflex | $ 564.00 | $ 592.00 |
| 80076 | **HEPATIC PANEL**Total ProteinAlbuminGlobulin (calculated)Alb/Glb ratio (calcul | New Fee | $ 48.00 |
| 80305 | DRUG TEST PRSMV DIR OPT OBS | $ 53.00 | $ 55.00 |
| 81001 | Urinalysis | New Fee | $ 41.00 |
| 82040 | Albumin | New Fee | $ 22.00 |
| 82044 | Microalbumin | $ 21.00 | $ 23.00 |
| 82150 | Amylase | New Fee | $ 52.00 |
| 82247 | Total Bilirubin | New Fee | $ 32.00 |
| 82248 | Direct Bilirubin | New Fee | $ 35.00 |
| 82270 | Hemoccult - Clia | $ 21.00 | $ 25.00 |
| 82310 | Calcium (Ca+) | New Fee | $ 29.00 |
| 82374 | Carbon Dioxide(CO2) | New Fee | $ 10.00 |
| 82435 | Chloride(Cl-) | New Fee | $ 11.00 |
| 82465 | Cholesterol, total | $ 31.00 | $ 34.00 |
| 82565 | Creatinine | New Fee | $ 31.00 |
| 82947 | Glucose | $ 22.00 | $ 24.00 |
| 83036 | Hemoglobin A1c - Clia | $ 76.00 | $ 83.00 |
| 83036 | HgbA1C | $ 76.00 | $ 83.00 |
| 83690 | Lipase | New Fee | $ 59.00 |
| 83718 | ASSAY OF LIPOPROTEIN | $ 38.00 | $ 41.00 |
| 83718 | HDL | $ 38.00 | $ 41.00 |
| 83721 | LDL | New Fee | $ 37.00 |
| 83735 | Magnesium | New Fee | $ 60.00 |
| 84075 | Alkaline Phosphatase (ALP) | New Fee | $ 23.00 |

| | | | |
|---|---|---|---|
| 84100 | phosphorus | New Fee | $ 35.00 |
| 84132 | Potassium | New Fee | $ 28.00 |
| 84155 | Total Protein | New Fee | $ 20.00 |
| 84295 | Sodium (NA+) | New Fee | $ 30.00 |
| 84450 | Aspartate Aminotransferase (AST) | New Fee | $ 38.00 |
| 84460 | Alanine Aminotransferase (ALT) | New Fee | $ 44.00 |
| 84520 | Urea Nitrogen (BUN) | New Fee | $ 22.00 |
| 84550 | Uric Acid | New Fee | $ 45.00 |
| 85025 | CBC (DIFF/PLT) | $ 38.00 | $ 46.00 |
| 85027 | CBC(H/H,RBC,WBC,PLT) | New Fee | $ 45.00 |
| 86141 | hsCRP | New Fee | $ 72.00 |
| 86308 | Mononucleosis | $ 26.00 | $ 29.00 |
| 86480 | Quantiferon Prof. Comp (26) | $ 35.00 | $ 67.00 |
| 86480 | QuantiFERON - TB Gold Plus, 4 tubes | $ 252.00 | $ 325.00 |
| 86580 | TUBERSOL/APLISOL INJ 5 U/0.1ML | $ 32.00 | $ 32.90 |
| 86592 | RPR screen | $ 42.00 | $ 50.00 |
| 86702 | HIV 1/2 differential - HIV-2 line result | $ 117.00 | $ 126.00 |
| 86704 | HEP B CORE ANTIBODY- TOTAL | $ 101.00 | $ 123.00 |
| 86705 | Hepatitis B core IgM | $ 112.00 | $ 121.00 |
| 86708 | Hepatitis A Total Ab | $ 114.00 | $ 140.00 |
| 86709 | Hepatitis A IgM | $ 82.00 | $ 85.00 |
| 86780 | TP-PA confirmation test | $ 66.00 | $ 71.00 |
| 86780 | Syphilis/Treponema Total Ab | $ 66.00 | $ 71.00 |
| 86803 | Hepatitis C Ab | $ 135.00 | $ 148.00 |
| 87340 | Hepatitis B Surface Antigen | $ 70.00 | $ 87.00 |
| 87390 | HIV-1 AG- EIA | $ 78.00 | $ 80.00 |
| 87491 | Chlamydia Trachomatis RNA, TMA | $ 114.00 | $ 120.00 |
| 87522 | Hepatitis C Quantitative RNA | $ 568.00 | $ 608.00 |
| 87536 | HIV-1 Quantitative RNA | $ 450.00 | $ 489.00 |
| 87591 | Neisseria gonorrhoeae RNA, TMA | $ 114.00 | $ 121.00 |
| 87624 | HPV (AMP) | $ 142.00 | $ 148.00 |
| 87635 | SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR | $ 130.00 | $ 136.00 |

| | | | |
|---|---|---|---|
| 87806 | HIV - 1/2 | $ 80.00 | $ 83.00 |
| 87905 | Bacterial Vaginosis | $ 39.00 | $ 40.00 |
| 88150 | Pap Smear | $ 56.00 | $ 65.00 |
| 88164 | Cytopathology- slides- cervical or vaginal/V- MANUAL | $ 55.00 | $ 77.00 |
| | **Immunizations/Vaccines** | | |
| 90380 | Respiratory syncytial virus (RSV) monoclonal antibody | $ 528.26 | $ 941.00 |
| 90381 | Respiratory syncytial virus (RSV) monoclonal antibody | $ 528.26 | $ 941.00 |
| 90460 | IMADM ANY ROUTE 1ST VAC/TOX | $ 48.00 | $ 57.00 |
| 90461 | INADM ANY ROUTE ADDL VAC/TOX | $ 34.00 | $ 41.00 |
| 90471 | Admin Fee 1st Vaccine | $ 50.00 | $ 60.00 |
| 90472 | Admin Fee Each Additional Vaccine (IM or SQ) | $ 31.00 | $ 37.00 |
| 90619 | Meningococcal MenACWY MenQuadfi | $ 270.00 | $ 309.00 |
| 90620 | Meningococcal (MenB-4C-Bexsero) | $ 340.00 | $ 381.00 |
| 90621 | Meningococcal (MenB-FHbhp- Trumenba) | $ 284.00 | $ 345.00 |
| 90632 | Hepatitis A (Adult) VAQTA | $ 137.00 | $ 164.00 |
| 90632 | Hepatitis A (Adult) | $ 137.00 | $ 164.00 |
| 90633 | Hepatitis A (Child) | $ 79.00 | $ 92.00 |
| 90633 | Hepatitis A (Child) VAQTA | $ 79.00 | $ 92.00 |
| 90636 | Hepatitis A & B (Twinrix) | $ 203.00 | $ 233.00 |
| 90644 | MENINGOCCL HIB VAC 4 DOSE IM | $ 11.00 | $ 12.00 |
| 90644 | Meningococcal C/Y-HIB PRP | $ 11.00 | $ 12.00 |
| 90647 | Hib PRP-OMP | $ 60.00 | $ 74.00 |
| 90648 | Hib PRP-T | $ 57.00 | $ 67.00 |
| 90649 | H PAPILLOMA VACC 3 DOSE IM | $ 275.00 | $ 276.00 |
| 90649 | HPV- quadrivalent | $ 275.00 | $ 276.00 |
| 90650 | HPV TYP BIVAL 3 DOSE IM | $ 274.00 | $ 308.00 |
| 90650 | HPV- bivalent | $ 274.00 | $ 308.00 |
| 90651 | HPV9- Gardasil | $ 465.00 | $ 483.00 |
| 90653 | Fluad TIV (2024-2025) | $ 105.00 | $ 111.00 |
| 90661 | Flucelvax TIV Pre-Filled syringe (2024-2025) | $ 50.00 | $ 66.00 |
| 90670 | Pneumococcal (Prevnar 13) | $ 420.00 | $ 424.00 |
| 90671 | PCV15 (Vaxneuvance) | $ 420.00 | $ 465.00 |
| 90672 | Influenza-live- intranasal- quadrivalent | $ 53.00 | $ 62.00 |

| | | | |
|---|---|---|---|
| 90675 | Rabies | $ 570.00 | $ 647.00 |
| 90677 | PCV20 (Prevnar 20) | $ 472.00 | $ 542.00 |
| 90678 | Respiratory syncytial virus (RSV)- vaccine- bivalent | $ 374.00 | $ 536.00 |
| 90679 | RSV Vaccine | $ 380.00 | $ 470.00 |
| 90680 | Rotavirus- Pentavalent | $ 169.00 | $ 202.00 |
| 90681 | Rotavirus- Monovalent (Rotarix PFS) | $ 240.00 | $ 259.00 |
| 90681 | Rotavirus- Monovalent (Rotarix) | $ 240.00 | $ 259.00 |
| 90684 | PCV21 (Capvaxive) | $ 344.00 | $ 344.00 |
| 90686 | Inf. Quad.- .50P Free Fluarix (2023-2024) | $ 46.00 | $ 54.00 |
| 90687 | Influenza- Quad Inj Prsve 0.25 (1 dose) | $ 35.00 | $ 40.00 |
| 90691 | Typhoid | $ 189.00 | $ 226.00 |
| 90691 | Typhoid- ViCPs | $ 189.00 | $ 226.00 |
| 90696 | DTaP-IPV (Kinrix) | $ 116.00 | $ 137.00 |
| 90696 | DTaP-IPV - Quadracel | $ 116.00 | $ 137.00 |
| 90697 | DTaP-IPV-HepB-Hib - PFS | $ 245.00 | $ 281.00 |
| 90697 | DTAP-IPV-HIB-HEPB VACCINE IM | $ 245.00 | $ 281.00 |
| 90698 | DTaP- Hib- IPV (Pentacel) | $ 195.00 | $ 218.00 |
| 90700 | DTap | $ 62.00 | $ 74.00 |
| 90700 | DTaP - Daptacel | $ 62.00 | $ 74.00 |
| 90707 | MMR | $ 160.00 | $ 170.00 |
| 90710 | MMRV | $ 450.00 | $ 468.00 |
| 90713 | IPV (Polio) | $ 70.00 | $ 82.00 |
| 90714 | Td (Tenivac) Preserve Free | $ 65.00 | $ 74.00 |
| 90714 | Td Grifols | $ 65.00 | $ 74.00 |
| 90715 | Tdap | $ 89.00 | $ 104.00 |
| 90715 | Tdap Boostrix | $ 89.00 | $ 104.00 |
| 90716 | Varicella (chicken pox) | $ 275.00 | $ 283.00 |
| 90723 | DTaP-Hep B- IPV (Pediarix) | $ 171.00 | $ 201.00 |
| 90732 | Pneumococcal (Pneumovax 23) | $ 215.00 | $ 238.00 |
| 90732 | Pneumococcal - Pneumovax 23 PFS | $ 215.00 | $ 238.00 |
| 90734 | Meningococcal (MCV4) Menactra | $ 232.00 | $ 277.00 |
| 90734 | Meningococcal (MCV4) Menveo | $ 232.00 | $ 277.00 |

| | | | |
|---|---|---|---|
| 90739 | HEP B VACC ADULT 2 DOSE IM | $ 234.00 | $ 280.00 |
| 90744 | Hepatitis B (Child) | $ 70.00 | $ 82.00 |
| 90744 | Hepatitis B (Child) Merck | $ 70.00 | $ 82.00 |
| 90746 | Hepatitis B (Adult) | $ 141.00 | $ 170.00 |
| 90746 | Hepatitis B (Adult) PFS | $ 141.00 | $ 170.00 |
| 90750 | Zoster- recombinant (Shingrix) | $ 325.00 | $ 348.00 |
| 90756 | Flu- MDCK- W/Preservative Quad MDV | $ 52.00 | $ 62.00 |
| | **Medicine/Behavioral Health** | | |
| 90791 | PSYCH DIAGNOSTIC EVALUATION | $ 242.00 | $ 269.00 |
| 90832 | PSYTX PT&/FAMILY 30 MINUTES | $ 126.00 | $ 138.00 |
| 90834 | PSYTX PT&/FAMILY 45 MINUTES | $ 164.00 | $ 176.00 |
| 90837 | PSYTX PT&/FAMILY 60 MINUTES | $ 190.00 | $ 206.00 |
| 90838 | PSYTX PT&/FAM W/E&M 60 MIN | $ 221.00 | $ 234.00 |
| 90839 | PSYTX CRISIS INITIAL 60 MIN | $ 218.00 | $ 243.00 |
| 90840 | PSYTX CRISIS EA ADDL 30 MIN | $ 99.00 | $ 117.00 |
| 90845 | PSYCHOANALYSIS | $ 183.00 | $ 217.00 |
| 92551 | Audiometry/screening test- pure tone- air only | $ 39.00 | $ 42.00 |
| 92567 | TYMPANOMETRY | $ 52.00 | $ 64.00 |
| 93000 | ECG w/interpretation | $ 78.00 | $ 85.00 |
| 94640 | Nebulizer/Inhalation Treatment | $ 55.00 | $ 59.00 |
| 94760 | Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination | $ 19.00 | $ 20.00 |
| 97802 | MEDICAL NUTRITION- INDIV- IN | $ 68.00 | $ 73.00 |
| 97803 | MED NUTRITION- INDIV- SUBSEQ | $ 58.00 | $ 62.00 |
| 97804 | MEDICAL NUTRITION- GROUP | $ 50.00 | $ 55.00 |
| 98960 | SELF-MGMT EDUC & TRAIN- 1 PT | $ 64.00 | $ 69.00 |
| 98961 | SELF-MGMT EDUC/TRAIN- 2-4 PT | $ 62.00 | $ 68.00 |
| 98962 | SELF-MGMT EDUC/TRAIN- 5-8 PT | $ 44.00 | $ 47.00 |
| 99080 | SPECIAL REPORTS | $ 10.00 | $ 30.00 |
| 99202 | E&M New Outpatient - Expanded Problem Focused | $ 160.00 | $ 175.00 |
| 99203 | New Patient Detailed Problem Focused | $ 234.00 | $ 281.00 |

| | | | |
|---|---|---|---|
| 99204 | E&M New Outpatient Comprehensive Problem | $ 358.00 | $ 429.00 |
| 99205 | E&M New Outpatient- Very Comprehensive Problem Focused | $ 472.00 | $ 568.00 |
| 99211 | E&M Established Outpatient - RN Only | $ 60.00 | $ 68.00 |
| 99212 | E&M Established Outpatient - Problem Focused | $ 107.00 | $ 129.00 |
| 99213 | E&M Established Outpatient Expanded Problem Focused | $ 162.00 | $ 200.00 |
| 99214 | E&M Established Outpatient - Detailed Problem Focused | $ 237.00 | $ 293.00 |
| 99215 | E&M Established Outpatient - Comprehensive Problem Focused | $ 346.00 | $ 431.00 |
| 99242 | Office Consultation Level 2 | $ 293.00 | $ 270.00 |
| 99243 | Office Consultation Level 3 | $ 389.00 | $ 395.00 |
| 99244 | Office Consultation Level 4 | $ 545.00 | $ 557.00 |
| 99245 | Office Consultation Level 5 | $ 708.00 | $ 760.00 |
| 99341 | HOME V- NP FOCUSED | $ 122.00 | $ 123.00 |
| 99344 | HOME V- NP COMREH | $ 339.00 | $ 345.00 |
| 99348 | HOME V- EP EXPANDED | $ 306.00 | $ 337.00 |
| 99349 | HOME V- EP DETAILED | $ 267.00 | $ 268.00 |
| 99350 | HOME V- EP COMPREHEN | $ 370.00 | $ 377.00 |
| 99381 | Preventive Medicine- New patient- <1 Year Old | $ 209.00 | $ 242.00 |
| 99382 | Preventive Medicine- New patient- 1-4 Years Old | $ 218.00 | $ 253.00 |
| 99383 | Preventive Medicine- New patient- 5-11 Years Old | $ 221.00 | $ 258.00 |
| 99384 | Preventive Medicine- New patient- 12-17 Years Old | $ 246.00 | $ 283.00 |
| 99385 | Preventive Medicine- New patient- 18-39 Years Old | $ 278.00 | $ 322.00 |
| 99386 | Preventive Medicine- New patient- 40-64 Years Old | $ 306.00 | $ 354.00 |
| 99387 | Preventive Medicine- New patient- 65  Years Old | $ 310.00 | $ 359.00 |
| 99391 | Preventive Medicine- Established patient- <1 Year Old | $ 190.00 | $ 221.00 |
| 99392 | Preventive Medicine- Established patient- 1-4 Years Old | $ 200.00 | $ 230.00 |
| 99393 | Preventive Medicine- Established patient- 5-11 Years Old | $ 199.00 | $ 228.00 |
| 99394 | Preventive Medicine- Established patient- 12-17 Years Old | $ 212.00 | $ 248.00 |
| 99395 | Preventive Medicine- Established patient- 18-39 Years Old | $ 237.00 | $ 276.00 |
| 99396 | Preventive Medicine- Established patient- 40-64 Years Old | $ 251.00 | $ 288.00 |
| 99397 | Preventive Medicine- Established patient- 65+ Years Old | $ 260.00 | $ 303.00 |
| 99401 | Preventative- Risk Reduction Counseling- Approx 15 Min. | $ 79.00 | $ 87.00 |
| 99402 | Preventative- Risk Reduction Counseling- Approx 30 Min. | $ 128.00 | $ 160.00 |
| 99403 | Preventative- Risk Reduction Counseling- Approx 45 Min. | $ 321.00 | $ 450.00 |

| | | | |
|---|---|---|---|
| 99404 | Preventative- Risk Reduction Counseling- Approx 60 Min. | $ 168.00 | $ 198.00 |
| 99406 | Tobacco counseling/3-10 min | $ 32.00 | $ 35.00 |
| 99407 | Tobacco counseling> 10 min | $ 62.00 | $ 68.00 |
| 99423 | OL DIG E/M SVC 21+ MIN | $ 107.00 | $ 126.00 |
| | **Medical & Surgical Suppliers** | | |
| A4267 | Condoms (Male) (1 pk = 12) | $ 0.50 | $ 0.51 |
| A6250 | Antibiotic Ointment (Bacitracin Zinc) Packet | $ 0.09 | $ 0.09 |
| A6250 | Silver Sulfadiazine 1% cream | $ 0.26 | $ 0.27 |
| | **Procedures/Professional Services** | | |
| G0466 | FQHC VISIT NEW PATIENT | $ 244.00 | $ 294.00 |
| G0467 | FQHC VISIT ESTABLISHED PATIENT | $ 244.00 | $ 294.00 |
| G0468 | FQHC VISIT IPPE/AWV | $ 244.00 | $ 294.00 |
| G0469 | FQHC VISIT MENTAL HEALTH NEW PT | $ 240.00 | $ 310.00 |
| G0470 | FQHC VISIT MENTAL HEALTH ESTAB PT | $ 240.00 | $ 310.00 |
| G2025 | Telehealth | $ 92.03 | $ 97.00 |
| G8598 | Aspirin 325mg (ASA) | $ 0.02 | $ 0.02 |
| | **Drugs Administered other than Oral Method** | | |
| J0131 | Acetaminophen 120mg SUPPOS. ORAL | $ 0.32 | $ 0.33 |
| J0131 | Acetaminophen 160mg/5ml. LQ. ORAL | $ 0.43 | $ 0.44 |
| J0131 | Acetaminophen 325mg CAP TAB. ORAL | $ 0.01 | $ 0.01 |
| J0170 | Epinephrine 1mg/ml INJ. VIAL | $ 14.98 | $ 15.40 |
| J0171 | EpiPen (Epinephrine) 0.30mg autoinjector | $ 312.58 | $ 321.33 |
| J0171 | EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector | $ 160.50 | $ 164.99 |
| J0558 | Penicillin G benz/G procaine (CR) 2.4 mil u/2mL (100-000 per unit) | $ 128.85 | $ 132.46 |
| J0561 | Bicillin 1.2 mil Long Acting | $ 13.80 | $ 14.19 |
| J0561 | Bicillin 2.4 LA Long Acting | $ 13.80 | $ 14.19 |
| J0561 | Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit) | $ 13.80 | $ 14.19 |
| J0696 | Ceftriaxone 250mg/mL- IM | $ 12.68 | $ 13.04 |
| J0696 | Ceftriaxone 500mg/mL- IM | $ 14.17 | $ 14.57 |
| J1050 | Medroxyprogesterone 150mg/ml IM | $ 57.80 | $ 59.42 |
| J1100 | Dexamethasone sodium phosphate 10mg/ml INJ | $ 38.25 | $ 39.32 |

| | | | |
|---|---|---|---|
| J1100 | Dexamethasone sodium phosphate 4mg/ml INJ | $ 12.49 | $ 12.84 |
| J1200 | Diphenhydramine HCl 50mg/mL Inj | $ 0.84 | $ 0.86 |
| J1580 | Gentamicin 80mg/mL 2ML | $ 1.14 | $ 1.17 |
| J1741 | Ibuprofen 200mg CAP | $ 0.06 | $ 0.06 |
| J1885 | Ketorolac tromethamine 30mg/mL INJ | $ 1.80 | $ 1.85 |
| J1885 | Ketorolac tromethamine 60mg/2mL INJ | $ 2.96 | $ 3.04 |
| J2001 | Lidocaine 2% Viscous SOLN | $ 0.11 | $ 0.11 |
| J2001 | Xylocaine-Mpf 1% VIAL | $ 6.96 | $ 7.15 |
| J2020 | PRETOMANID TAB 200MG | $ 630.14 | $ 647.78 |
| J2020 | Linezolid 100/5ml | $ 279.47 | $ 287.30 |
| J2405 | Ondansetron 4mg/2mL INJ (the code is 1 unit) | $ 0.48 | $ 0.49 |
| J2405 | Ondansetron ODT 4mg TAB | $ 19.07 | $ 19.60 |
| J2550 | Promethazine HCl 25mg/mL (inj code is 50mg) | $ 30.57 | $ 31.43 |
| J3420 | Vitamin B12 (Cyanocobalamin) 1000 mg INJ | $ 7.48 | $ 7.69 |
| J3490 | Capastat Injectable (1gr = 10ml) | $ 221.31 | $ 227.51 |
| J7296 | Kyleena- 19.5 mg | $ 1,180.00 | $ 1,272.00 |
| J7297 | IUD Device - Liletta | $ 200.00 | $ 1,303.00 |
| J7298 | IUD Device - Mirena | $ 753.00 | $ 1,272.00 |
| J7300 | IUD Device - Paragard | $ 568.00 | $ 1,184.00 |
| J7301 | IUD Device - Skyla | $ 550.00 | $ 1,059.00 |
| J7307 | Implant Device - Nexplanon | $ 825.00 | $ 1,271.00 |
| J7510 | PREDNISOLONE 15mg/5mL SOLN. ORAL | $ 0.41 | $ 0.42 |
| J7613 | Albuterol Sul 2.5mg/3mL SOLN | $ 1.14 | $ 1.17 |
| J7620 | Iprat-Albut 0.5-3(2.5)mg/3mL | $ 1.97 | $ 2.03 |
| J7620 | Ipratropium BR 0.02% SOLN | $ 1.51 | $ 1.55 |
| J7626 | Budesonide 0.5mg/2mL INH SUSP | $ 9.48 | $ 9.75 |
| J7627 | Budesonide 1mg/2mL INH SUSP | $ 19.76 | $ 20.31 |
| J8499 | VITAMIN B-6 25 MG | $ 1.07 | $ 1.10 |
| J8499 | INH 300MG 100CT | $ 9.16 | $ 9.42 |
| J8499 | TB, RIFAPENTINE 150MG | $ 3.90 | $ 4.01 |
| J8499 | AVELOX, 400 MG | $ 31.27 | $ 32.15 |
| J8499 | ZYVOX, 600 MG | $ 10.97 | $ 11.28 |

| | | | |
|---|---|---|---|
| J8499 | Azithromycin 500mg | $ 13.33 | $ 13.70 |
| J8499 | Cycloserine 250mg | $ 66.88 | $ 68.75 |
| J8499 | Diphenhydramine 12.5mg/5ml LQ | $ 0.02 | $ 0.02 |
| J8499 | Doxycycline 100mg | $ 0.20 | $ 0.21 |
| J8499 | Ethambutol 100mg | $ 8.20 | $ 8.43 |
| J8499 | Ethambutol 400 mg | $ 1.13 | $ 1.16 |
| J8499 | Ethionamide 250 mg | $ 5.67 | $ 5.83 |
| J8499 | Hurricaine Gyno-Gel | $ 7.40 | $ 7.61 |
| J8499 | Ibuprofen 100mg/5mL LQ ORAL | $ 0.03 | $ 0.03 |
| J8499 | Isoniazid 100mg | $ 0.13 | $ 0.13 |
| J8499 | Isoniazid 300mg | $ 0.43 | $ 0.44 |
| J8499 | Levaquin 250mg | $ 14.39 | $ 14.79 |
| J8499 | Levaquin 500mg | $ 17.20 | $ 17.68 |
| J8499 | Levaquin 750mg | $ 30.88 | $ 31.74 |
| J8499 | Linezolid 600mg Tab | $ 146.94 | $ 151.05 |
| J8499 | Metronidazole 500 mg | $ 5.55 | $ 5.71 |
| J8499 | Moxifloxacin 400 mg Tab | $ 26.76 | $ 27.51 |
| J8499 | Mycobutin 150mg | $ 14.98 | $ 15.40 |
| J8499 | Mylanta | $ 0.09 | $ 0.09 |
| J8499 | Priftin/rifapentine 150mg | $ 3.90 | $ 4.01 |
| J8499 | Pyrazinamide 500mg | $ 2.45 | $ 2.52 |
| J8499 | Rifamate (rifampin and isoniazid) 150/300mg | $ 60.83 | $ 62.53 |
| J8499 | Rifampin 150mg | $ 16.95 | $ 17.42 |
| J8499 | Rifampin 300mg | $ 14.03 | $ 14.42 |
| J8499 | Streptomycin 1 gram VIAL | $ 80.00 | $ 82.24 |
| J8499 | Vitamin B-6 50mg | $ 0.02 | $ 0.02 |
| J8501 | LEVOFLOXACIN TAB 500MG 50 CT | $ 3.31 | $ 3.40 |
| Q0163 | Diphenhydramine 25mg CAP | $ 0.02 | $ 0.02 |
| S4993 | Emergency Birth Control - Plan B | $ 31.20 | $ 32.07 |
| S4993 | NEW DAY TAB 1.5MG 1 NSTR@ | $ 31.94 | $ 32.83 |


# MOTION

***Motion to Approve the SNHD Clinical Master Fee Schedule, as presented, and Recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 27, 2025.***

| CPTCODE | Description | Fee |
|---|---|---|
| 10060 | I&D Abscess | $ 332.00 |
| 10120 | Foreign Body- SKIN- Simple | $ 471.00 |
| 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 | $ 24.00 |
| 36416 | Collection of Capillary Blood | $ 23.00 |
| 36416 | Newborn Screening (Capillary specimen) | $ 23.00 |
| 41899 | DENTAL SURGERY PROCEDURE | $ 286.00 |
| 57410 | PELVIC EXAMINATION | $ 259.00 |
| 58300 | IUD Insertion | $ 254.00 |
| 58301 | IUD Removal | $ 252.00 |
| 69209 | Cerumen removal w/o instrument | $ 49.00 |
| 69210 | Cerumen removal w/ instrument | $ 137.50 |
| 71046 | X-RAY EXAM CHEST 2 VIEWS | $ 131.00 |
| 72040 | X-RAY EXAM OF NECK SPINE | $ 38.74 |
| 80053 | COMPREHEN METABOLIC PANEL | $ 95.00 |
| 80061 | LIPID PANEL | $ 137.00 |
| 80074 | Acute Hepatitis Panel w/reflex | $ 564.00 |
| 80076 | Hepatic Function Panel (Liver Panel) | $ 53.00 |
| 80305 | DRUG TEST PRSMV DIR OPT OBS | $ 53.00 |
| 81002 | UA Dipstick | $ 21.00 |
| 81025 | SNHD Urine Pregnancy Test | $ 40.00 |
| 81025 | Urine Pregnancy Test | $ 40.00 |
| 82044 | Microalbumin | $ 21.00 |
| 82270 | Hemoccult - Clia | $ 21.00 |
| 82465 | Cholesterol - Clia | $ 31.00 |
| 82465 | SNHD Cholesterol - Clia | $ 31.00 |
| 82947 | Blood glucose- monitoring device | $ 22.00 |
| 83036 | Hemoglobin A1c - Clia | $ 76.00 |
| 83036 | SNHD Hemoglobin A1c - Clia | $ 76.00 |
| 83655 | Lead - Clia | $ 53.00 |
| 83718 | ASSAY OF LIPOPROTEIN | $ 38.00 |
| 83986 | ASSAY OF BODY FLUID ACIDITY | $ 15.00 |
| 84478 | ASSAY OF TRIGLYCERIDES | $ 40.00 |
| 85018 | Hemoglobin - Clia | $ 23.00 |
| 85025 | COMPLETE CBC W/AUTO DIFF WBC | $ 38.00 |
| 86308 | Mononucleosis | $ 26.00 |
| 86317 | Hepatitis B surface Ab- quantitative | $ 66.00 |
| 86403 | Strep A | $ 39.00 |

| | | |
|---|---|---|
| 86480 | Quantiferon | $ 252.00 |
| 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) | $ 65.00 |
| 86703 | HIV-1 and HIV-2 antibody- single result (EIA) | $ 65.00 |
| 86704 | HEP B CORE ANTIBODY- TOTAL | $ 101.00 |
| 86705 | HEP B CORE ANTIBODY- IGM | $ 112.00 |
| 86706 | Hepatitis B surface Ab- qualitative | $ 89.00 |
| 86708 | HEP A ANTIBODY- TOTAL | $ 114.00 |
| 86709 | HEP A ANTIBODY- IGM | $ 82.00 |
| 86780 | Syphilis IgG antibody (treponemal) | $ 66.00 |
| 86780 | TPPA antibody (treponemal) | $ 66.00 |
| 86803 | Hep C- Rapid- Oraquick | $ 135.00 |
| 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 | $ 70.00 |
| 87389 | (STD Use) HIV-A Antigen- with HIV-1 and HIV-2 antibodies- single result | $ 126.00 |
| 87389 | HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result | $ 126.00 |
| 87390 | HIV-1 AG- EIA | $ 78.00 |
| 87490 | CHYLMD TRACH- DNA- DIR PROBE | $ 91.00 |
| 87491 | Chlamydia- Detection by Amplified Probe Technique | $ 114.00 |
| 87521 | HEPATITIS C- RNA- AMP PROBE | $ 487.00 |
| 87522 | HEPATITIS C- RNA- QUANT | $ 568.00 |
| 87536 | HIV-1- DNA- QUANT | $ 450.00 |
| 87563 | M. GENITALIUM AMP PROBE | $ 139.00 |
| 87591 | Neisseria gonorrhoeae- Detection by Amplified Probe Technique | $ 114.00 |
| 87624 | HPV (AMP) | $ 142.00 |
| 87635 | SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR | $ 130.00 |
| 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 | $ 39.00 |
| 87905 | SNHD Bacterial Vaginosis | $ 39.00 |
| 88150 | Pap Smear | $ 56.00 |
| 88164 | Cytopathology- slides- cervical or vaginal/V- MANUAL | $ 55.00 |
| 90380 | Respiratory syncytial virus (RSV) monoclonal antibody | $ 528.26 |
| 90381 | Respiratory syncytial virus (RSV) monoclonal antibody | $ 528.26 |
| 90460 | IMADM ANY ROUTE 1ST VAC/TOX | $ 48.00 |

| | | |
|---|---|---|
| 90461 | INADM ANY ROUTE ADDL VAC/TOX | $ 34.00 |
| 90471 | Admin Fee 1st Vaccine | $ 50.00 |
| 90472 | Admin Fee Each Additional Vaccine (IM or SQ) | $ 31.00 |
| 90480 | ADMN SARSCOV2 VACC 1 DOSE | $ 40.00 |
| 90611 | JYNNEOS | $ 280.00 |
| 90619 | Meningococcal MenACWY MenQuadfi | $ 270.00 |
| 90620 | Meningococcal (MenB-4C-Bexsero) | $ 340.00 |
| 90621 | Meningococcal (MenB-FHbhp- Trumenba) | $ 284.00 |
| 90622 | Influenza- High Dose Seasonal | $ 87.00 |
| 90625 | Cholera- live oral | $ 431.00 |
| 90632 | Hepatitis A (Adult) | $ 137.00 |
| 90632 | Hepatitis A (Adult) VAQTA | $ 137.00 |
| 90633 | Hepatitis A (Child) | $ 79.00 |
| 90633 | Hepatitis A (Child) VAQTA | $ 79.00 |
| 90636 | Hepatitis A & B (Twinrix) | $ 203.00 |
| 90644 | MENINGOCCL HIB VAC 4 DOSE IM | $ 11.00 |
| 90644 | Meningococcal C/Y-HIB PRP | $ 11.00 |
| 90647 | Hib PRP-OMP | $ 60.00 |
| 90648 | Hib PRP-T | $ 57.00 |
| 90649 | H PAPILLOMA VACC 3 DOSE IM | $ 275.00 |
| 90649 | HPV- quadrivalent | $ 275.00 |
| 90650 | HPV TYP BIVAL 3 DOSE IM | $ 274.00 |
| 90650 | HPV- bivalent | $ 274.00 |
| 90651 | HPV9- Gardasil | $ 465.00 |
| 90653 | Fluad TIV (2024-2025) | $ 105.00 |
| 90661 | Flucelvax TIV Pre-Filled syringe (2024-2025) | $ 50.00 |
| 90670 | Pneumococcal (Prevnar 13) | $ 420.00 |
| 90671 | PCV15 (Vaxneuvance) | $ 420.00 |
| 90672 | Influenza-live- intranasal- quadrivalent | $ 53.00 |
| 90675 | Rabies | $ 570.00 |
| 90677 | PCV20 (Prevnar 20) | $ 472.00 |
| 90678 | Respiratory syncytial virus (RSV)- vaccine- bivalent | $ 374.00 |
| 90679 | RSV Vaccine | $ 380.00 |
| 90680 | Rotavirus- Pentavalent | $ 169.00 |
| 90681 | Rotavirus- Monovalent (Rotarix PFS) | $ 240.00 |
| 90681 | Rotavirus- Monovalent (Rotarix) | $ 240.00 |
| 90686 | Inf. Quad.- .50P Free Fluarix (2023-2024) | $ 46.00 |
| 90687 | Influenza- Quad Inj Prsve 0.25 (1 dose) | $ 35.00 |
| 90691 | Typhoid | $ 189.00 |
| 90691 | Typhoid- ViCPs | $ 189.00 |
| 90694 | Infl.- Quad- adjuvanted Fluad (2023-2024) | $ 105.00 |
| 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 |
| 90700 | DTaP - Daptacel | $ 62.00 |
| 90702 | DT | $ 120.00 |
| 90707 | MMR | $ 160.00 |
| 90710 | MMRV | $ 450.00 |
| 90713 | IPV (Polio) | $ 70.00 |
| 90714 | Td (Tenivac) Preserve Free | $ 65.00 |
| 90714 | Td Grifols | $ 65.00 |
| 90715 | Tdap | $ 89.00 |
| 90715 | Tdap Boostrix | $ 89.00 |
| 90716 | Varicella (chicken pox) | $ 275.00 |
| 90717 | Yellow Fever | $ 325.00 |
| 90723 | DTaP-Hep B- IPV (Pediarix) | $ 171.00 |
| 90732 | Pneumococcal (Pneumovax 23) | $ 215.00 |
| 90732 | Pneumococcal - Pneumovax 23 PFS | $ 215.00 |
| 90734 | Meningococcal (MCV4) Menactra | $ 232.00 |
| 90734 | Meningococcal (MCV4) Menveo | $ 232.00 |
| 90738 | Japanese encephalitis IM | $ 520.00 |
| 90739 | HEP B VACC ADULT 2 DOSE IM | $ 234.00 |
| 90744 | Hepatitis B (Child) | $ 70.00 |
| 90744 | Hepatitis B (Child) Merck | $ 70.00 |
| 90746 | Hepatitis B (Adult) | $ 141.00 |
| 90746 | Hepatitis B (Adult) PFS | $ 141.00 |
| 90750 | Zoster- recombinant (Shingrix) | $ 325.00 |
| 90756 | Flu- MDCK- W/Preservative Quad MDV | $ 52.00 |
| 90791 | PSYCH DIAGNOSTIC EVALUATION | $ 242.00 |
| 90792 | PSYCH DIAG EVAL W/MED SRVCS | $ 365.00 |
| 90832 | PSYTX PT&/FAMILY 30 MINUTES | $ 126.00 |
| 90832 | PSYTX PT&/FAMILY 30 MINUTES EST | $ 126.00 |
| 90832 | PSYTX PT&/FAMILY 30 MINUTES NEW | $ 126.00 |
| 90834 | PSYTX PT&/FAMILY 45 MINUTES | $ 164.00 |
| 90837 | PSYTX PT&/FAMILY 60 MINUTES | $ 190.00 |
| 90838 | PSYTX PT&/FAM W/E&M 60 MIN | $ 221.00 |
| 90839 | PSYTX CRISIS INITIAL 60 MIN | $ 218.00 |
| 90840 | PSYTX CRISIS EA ADDL 30 MIN | $ 99.00 |
| 90845 | PSYCHOANALYSIS | $ 183.00 |
| 91304 | COVID-19 Novavax PFS | $ 193.00 |
| 91318 | COVID-19 Pfizer (6m0 - 4yr) | $ 78.00 |
| 91318 | SARSCOV2 VAC 3MCG TRS-SUC | $ 65.00 |
| 91319 | COVID-19 Pfizer (5yr - 11yr) | $ 85.00 |
| 91319 | COVID-19 Pfizer (5yr-11yr) | $ 105.00 |

| | | |
|---|---|---|
| 91319 | SARSCV2 VAC 10MCG TRS-SUC I | $ 85.00 |
| 91320 | COVID-19 Pfizer (COM) 12+ PFS | $ 186.00 |
| 91320 | COVID-19 Pfizer 12+ | $ 130.00 |
| 91321 | COVID-19 Moderna (6mo - 11yr) | $ 193.00 |
| 91321 | SARSCOV2 VAC 25 MCG/.25ML IM | $ 145.00 |
| 91322 | COVID-19 Moderna PFS 12+ | $ 193.00 |
| 91322 | SARSCOV2 VAC 50 MCG/0.5ML IM | $ 145.00 |
| 92551 | Audiometry/screening test- pure tone- air only | $ 39.00 |
| 92567 | TYMPANOMETRY | $ 52.00 |
| 93000 | ECG w/interpretation | $ 78.00 |
| 93040 | ECG- Rhythm Strip | $ 76.00 |
| 94010 | SPIROMETRY | $ 135.00 |
| 94060 | Spirometry- Pre and Post | $ 233.00 |
| 94640 | Nebulizer/Inhalation Treatment | $ 55.00 |
| 94664 | Nebulizer - demo/eval of pt use | $ 126.00 |
| 94760 | Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination | $ 19.00 |
| 96110 | ASQ (developmental screening) | $ 59.00 |
| 96127 | BRIEF EMOTIONAL/BEHAV ASSMT | $ 22.00 |
| 96372 | Therapeutic IM/SC Injection | $ 65.00 |
| 97802 | MEDICAL NUTRITION- INDIV- IN | $ 68.00 |
| 97803 | MED NUTRITION- INDIV- SUBSEQ | $ 58.00 |
| 97804 | MEDICAL NUTRITION- GROUP | $ 50.00 |
| 98960 | SELF-MGMT EDUC & TRAIN- 1 PT | $ 64.00 |
| 98961 | SELF-MGMT EDUC/TRAIN- 2-4 PT | $ 62.00 |
| 98962 | SELF-MGMT EDUC/TRAIN- 5-8 PT | $ 44.00 |
| 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 | $ 358.00 |
| 99205 | E&M New Outpatient- Very Comprehensive Problem Focused | $ 472.00 |
| 99211 | E&M Established Outpatient - RN Only | $ 60.00 |
| 99212 | E&M Established Outpatient - Problem Focused | $ 107.00 |
| 99213 | E&M Established Outpatient Expanded Problem Focused | $ 162.00 |
| 99214 | E&M Established Outpatient - Detailed Problem Focused | $ 237.00 |
| 99215 | E&M Established Outpatient - Comprehensive Problem Focused | $ 346.00 |
| 99242 | Office Consultation Level 2 | $ 293.00 |
| 99243 | Office Consultation Level 3 | $ 389.00 |
| 99244 | Office Consultation Level 4 | $ 545.00 |

| | | |
|---|---|---|
| 99245 | Office Consultation Level 5 | $ 708.00 |
| 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 | $ 209.00 |
| 99382 | Preventive Medicine- New patient- 1-4 Years Old | $ 218.00 |
| 99383 | Preventive Medicine- New patient- 5-11 Years Old | $ 221.00 |
| 99384 | Preventive Medicine- New patient- 12-17 Years Old | $ 246.00 |
| 99385 | Preventive Medicine- New patient- 18-39 Years Old | $ 278.00 |
| 99386 | Preventive Medicine- New patient- 40-64 Years Old | $ 306.00 |
| 99387 | Preventive Medicine- New patient- 65  Years Old | $ 310.00 |
| 99391 | Preventive Medicine- Established patient- <1 Year Old | $ 190.00 |
| 99392 | Preventive Medicine- Established patient- 1-4 Years Old | $ 200.00 |
| 99393 | Preventive Medicine- Established patient- 5-11 Years Old | $ 199.00 |
| 99394 | Preventive Medicine- Established patient- 12-17 Years Old | $ 212.00 |
| 99395 | Preventive Medicine- Established patient- 18-39 Years Old | $ 237.00 |
| 99396 | Preventive Medicine- Established patient- 40-64 Years Old | $ 251.00 |
| 99397 | Preventive Medicine- Established patient- 65+ Years Old | $ 260.00 |
| 99401 | Preventative- Risk Reduction Counseling- Approx 15 Min. | $ 79.00 |
| 99402 | Preventative- Risk Reduction Counseling- Approx 30 Min. | $ 128.00 |
| 99403 | Preventative- Risk Reduction Counseling- Approx 45 Min. | $ 321.00 |
| 99404 | Preventative- Risk Reduction Counseling- Approx 60 Min. | $ 168.00 |
| 99406 | Tobacco counseling/3-10 min | $ 32.00 |
| 99407 | Tobacco counseling> 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 | $ 90.00 |
| 99442 | PHONE E/M BY PHYS 11-20 MIN | $ 153.00 |
| 99443 | PHONE E/M BY PHYS 21-30 MIN | $ 213.00 |
| 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 |
| 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> 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 | 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 | $ 35.00 |
| G0009 | ADMN PNEUMCOC VAC NO FEE SCHED DAY | $ 35.00 |
| G0010 | ADMN HEP B VAC NO FEE SCHD 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 |
| 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 | Bicillin 2.4 LA 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 |
| 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 |
| 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 | Hurricaine 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 |
| 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 - Deblitane (28 tabs) | $ 34.54 |
| 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 |
| 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 |

Southern Nevada Health District

# FY 2025-2026 Budget Presentation

(July 1, 2025 to June 30, 2026)

Finance Committee Meeting

March 26, 2025

# BUDGET PURPOSE

## NRS 354.472

**Purposes of Local Government Budget and Finance Act.**

(a) To establish standard methods and procedures for the preparation, presentation, adoption and administration of budgets of all local governments.

(b) To enable local governments to make financial plans for programs of both current and capital expenditures and to formulate fiscal policies to accomplish these programs.

(c) To provide for estimation and determination of revenues, expenditures and tax levies.

(d) To provide for the control of revenues, expenditures and expenses in order to promote prudence and efficiency in the expenditure of public money.

(e) To provide specific methods enabling the public, taxpayers and investors to be apprised of the financial preparations, plans, policies and administration of all local governments.

# OVERVIEW

Staffing:

Staffing for **FY26** is projected to be **872.5** FTE compared to FY 2025 Augmented budget of 864.3 FTE.

Revenues:

General Fund revenues is projected at **$121.6M** in **FY26** an increase of $7.3M from FY25 augmented budget.

Special Revenue Fund (Grants) decrease to **$61.9M** in **FY26** a decrease of $17M from FY25 augmented budget.

- *SB118 funding started in FY25, total of **$10.95M.** An estimated **$6.8M** is anticipated to be utilized in FY26.*

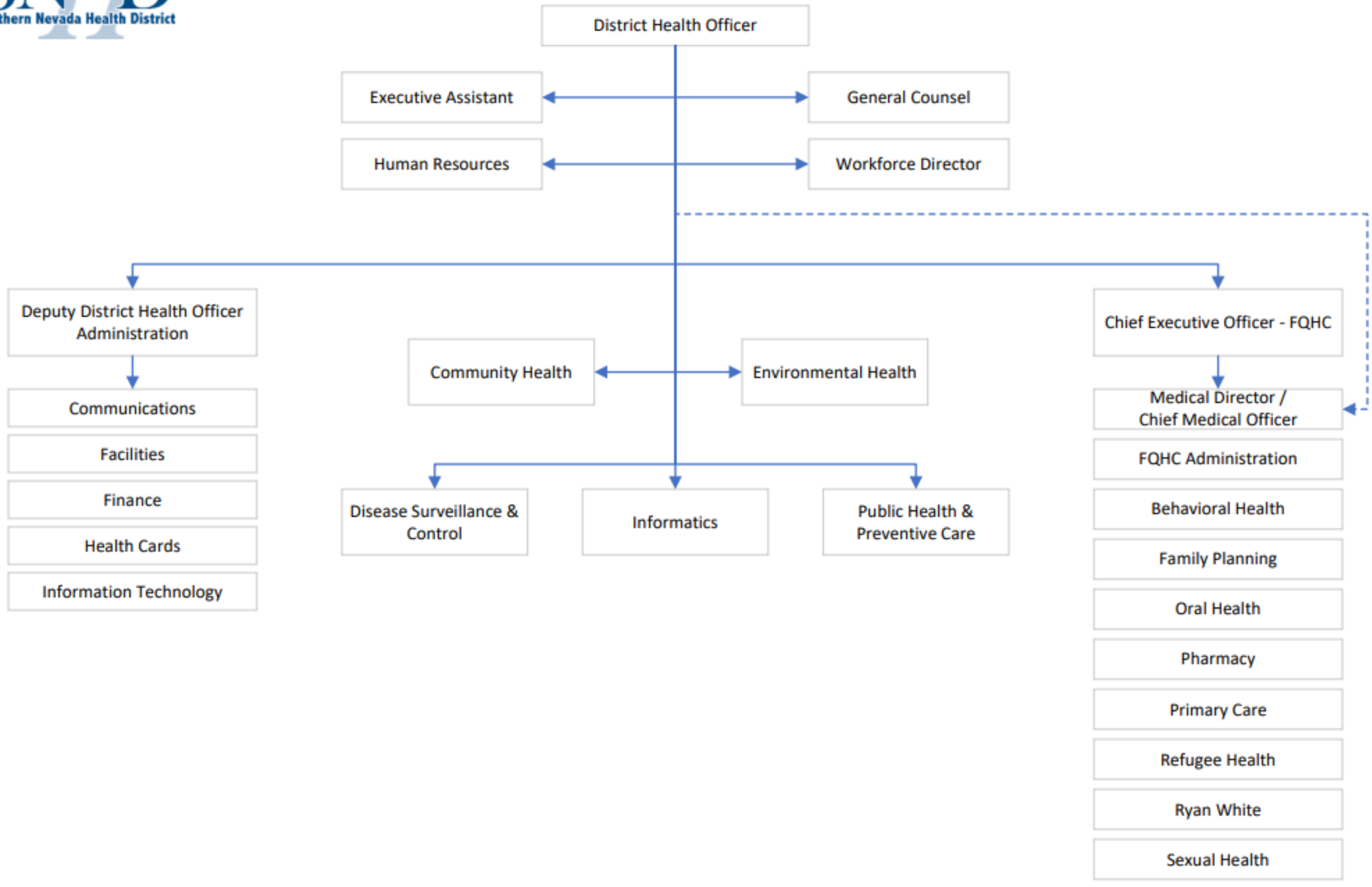
- Reduction in grant expenditure requests compared to FY2025 augmented budget.

Capital:

Lab Expansion project is currently underway in FY25 and is expected to continue in FY26 with $8.8M anticipated to be utilized.

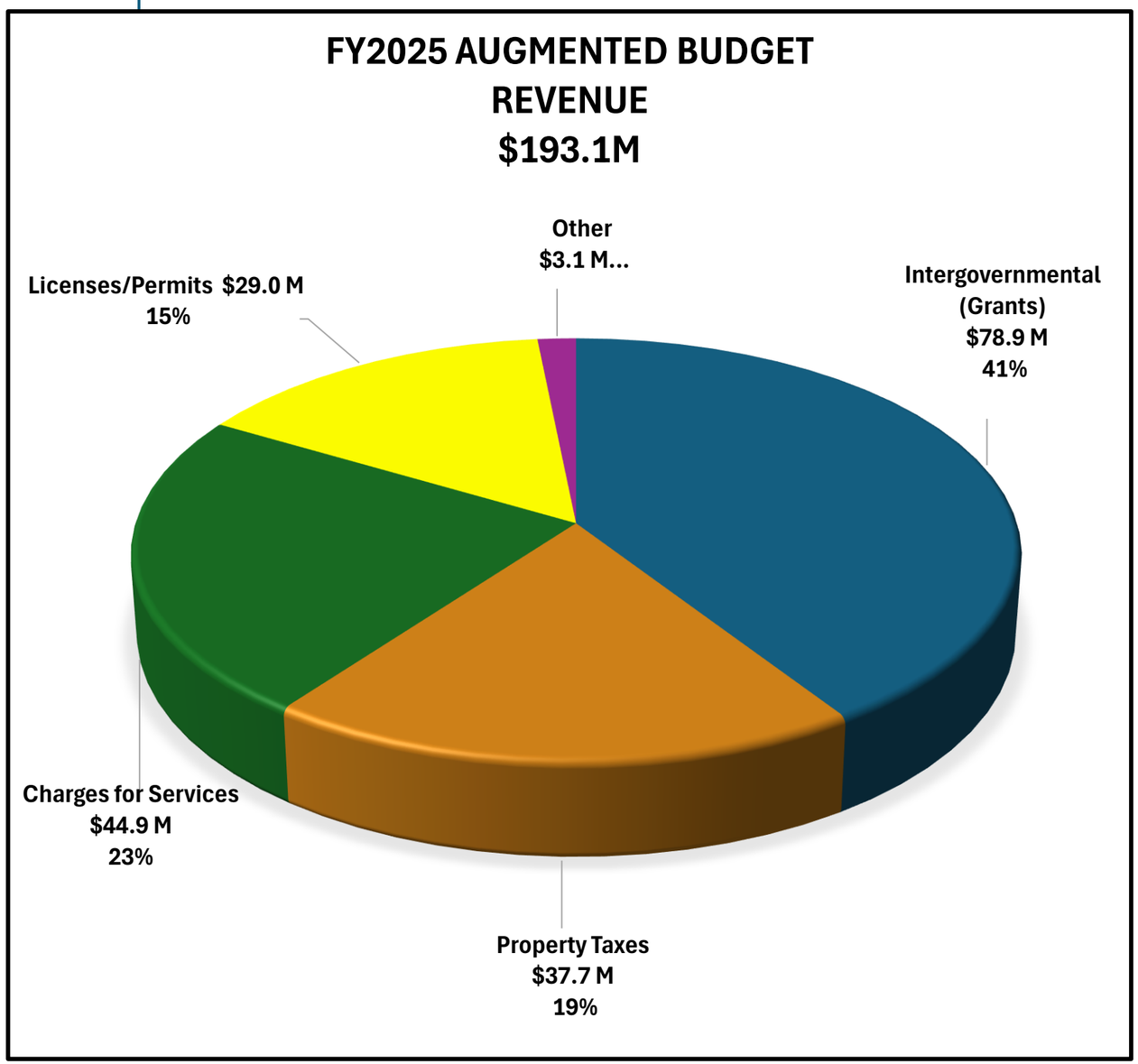
# SNHD ORGANIZATION CHART

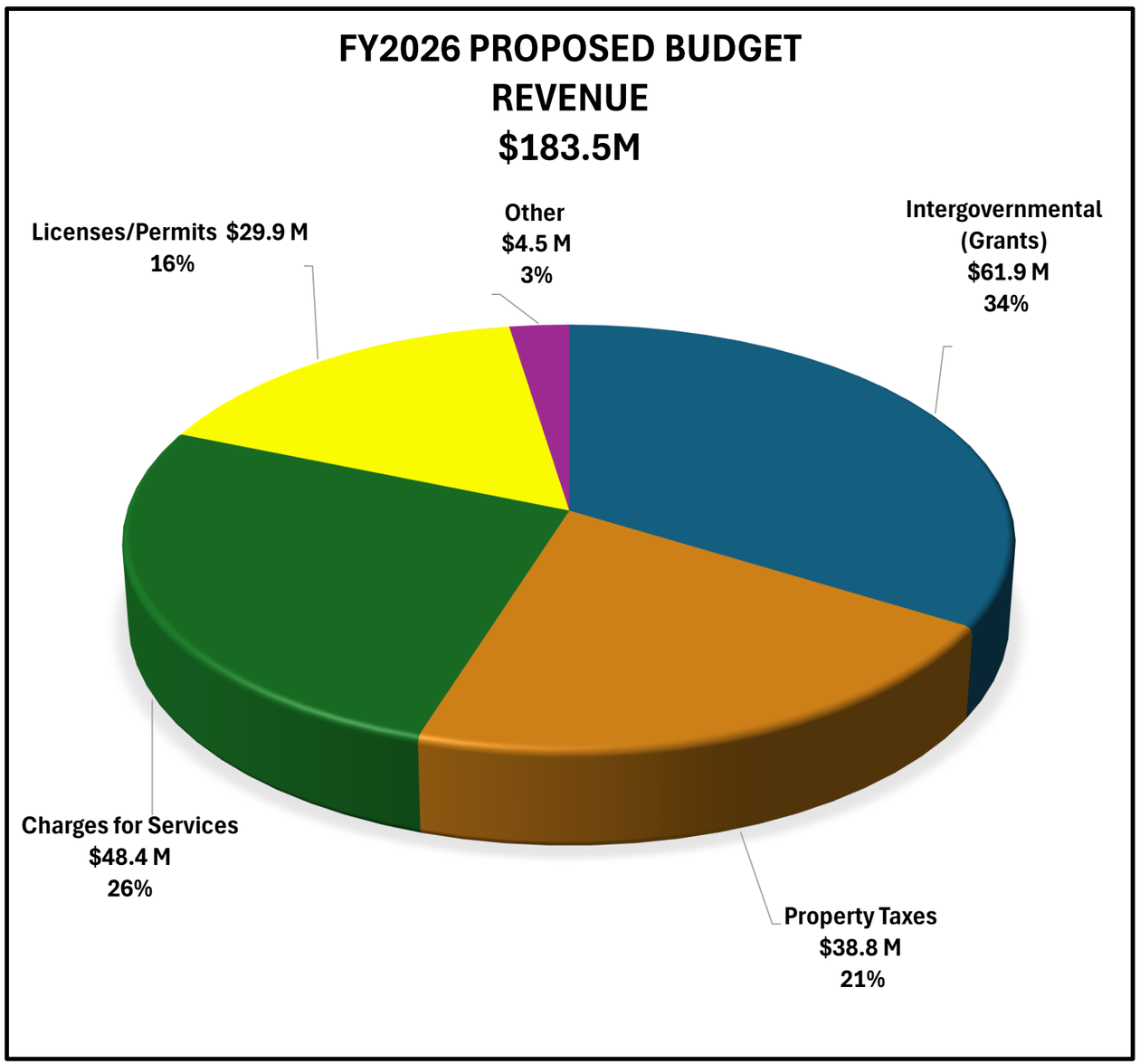
**SNHD Organizational Chart**
**Effective: 02/24/2025**



# REVENUES

COMBINED General Fund & Special Revenue Fund REVENUES BY SOURCE – comparison



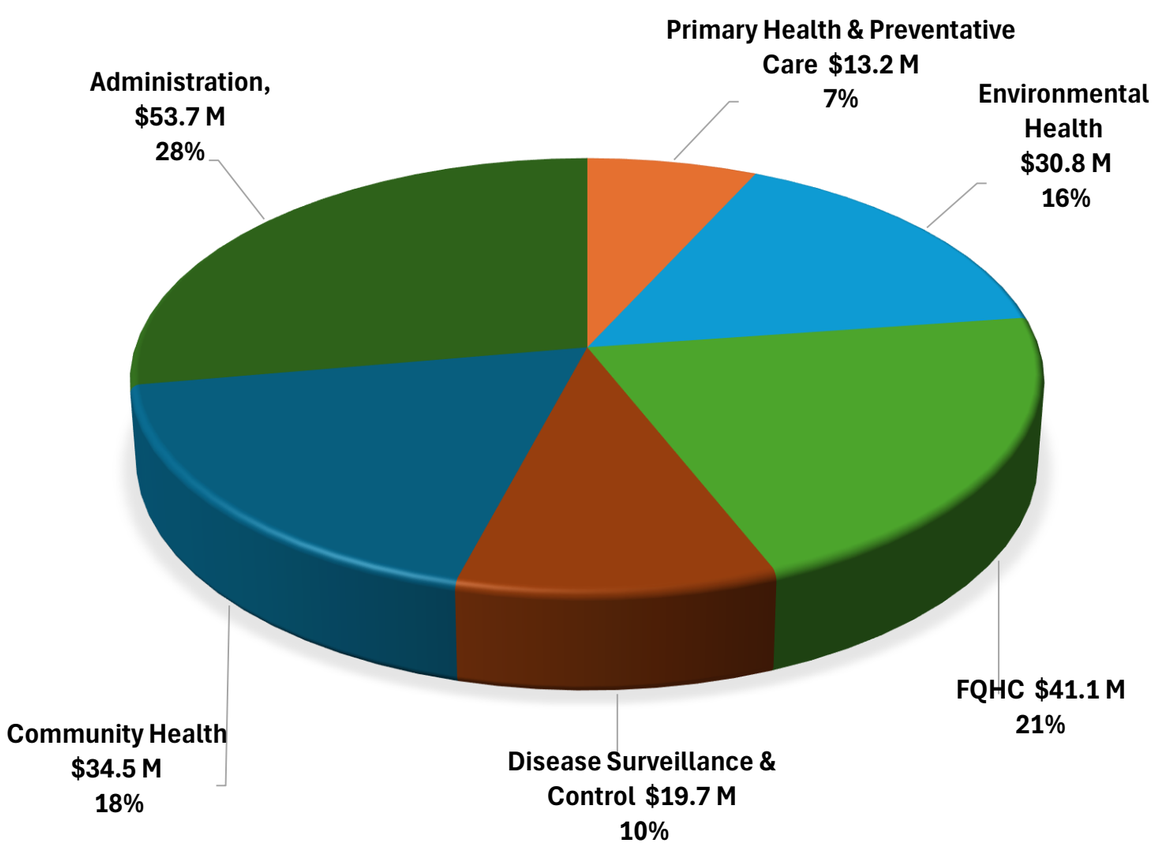

*% Percentages are based on total revenue.*

***Does not include Transfers In*

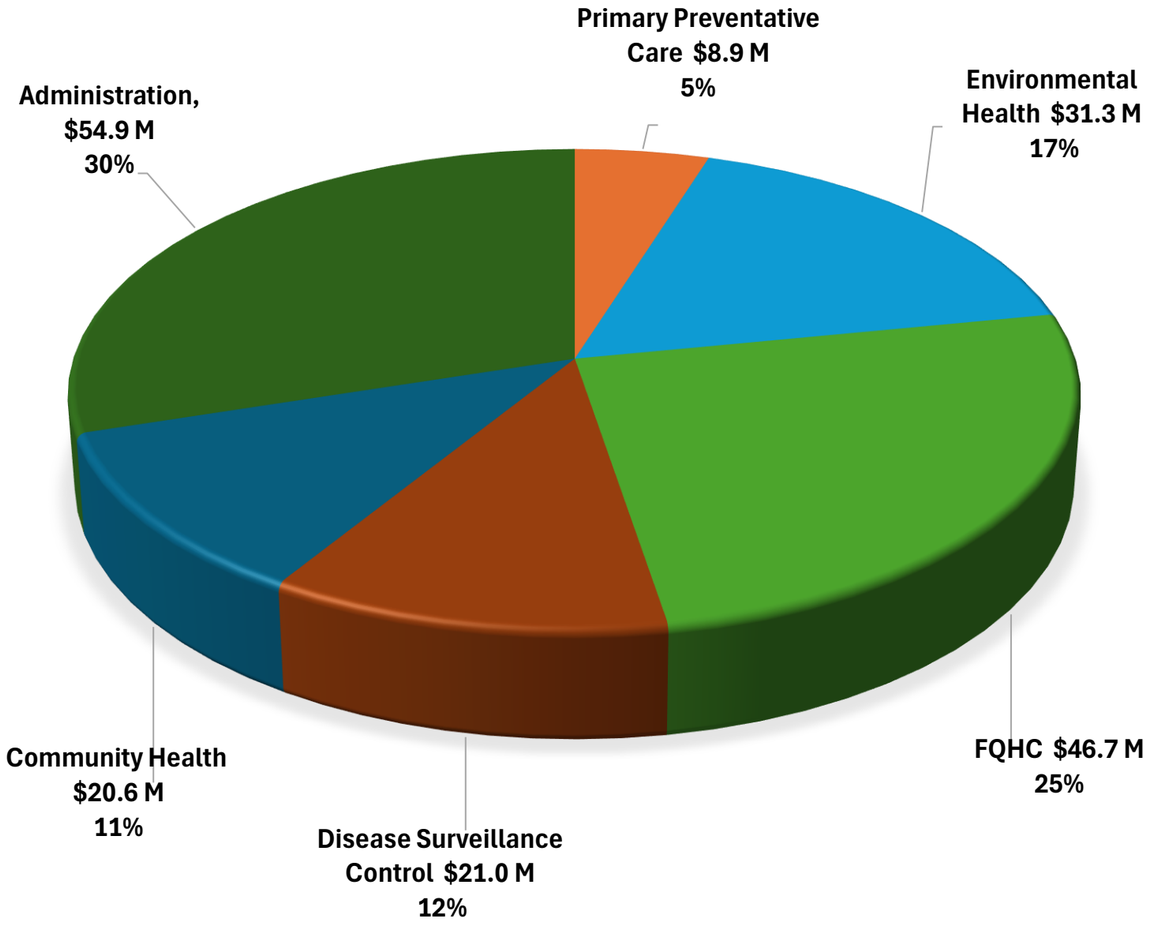
# REVENUES

## COMBINED REVENUES BY DIVISION – COMPARISON

**FY2025 AUGMENTED BUDGET**
**REVENUE**
**$193.1M**




**FY2026 PROPOSED BUDGET**
**REVENUE**
**$183.5M**




*% Percentages are based on total revenue.*
***Does not include Transfers In*

# REVENUES

## GENERAL & GRANTS FUND

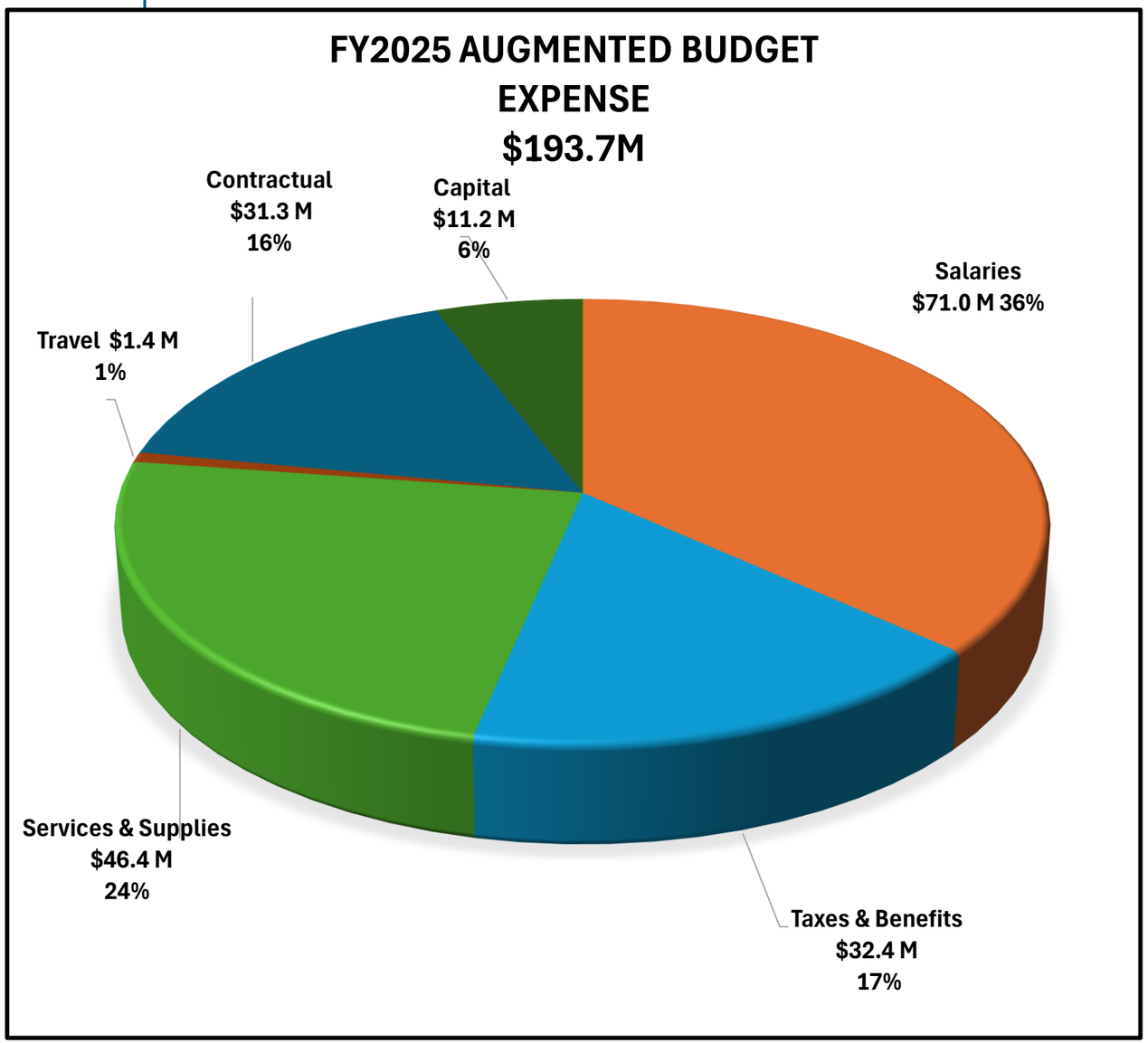
FY 2026 Clark County Property Tax revenue is expected at $38.8M an increase of $1.8M or 3.0% compared to $37.7M from FY2025. Pharmacy revenue also increased $6.1M and Permits and Fees increased $0.9M from FY2025 Augmentation.

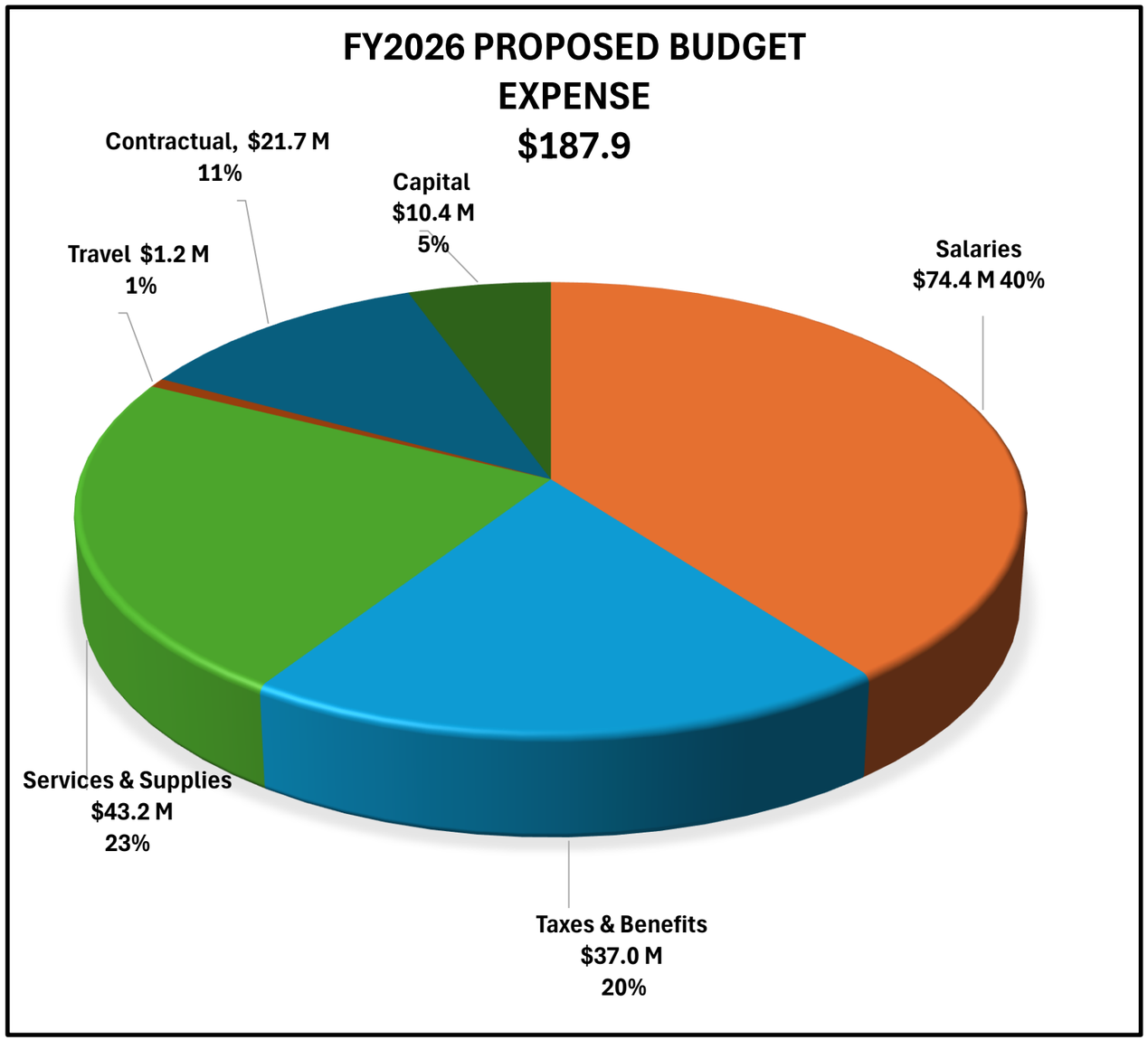
General Funds Revenue increased from $114.2M to $121.6M, a $7.3M or 6.4% increase from FY2025 Augmentation.

Special Revenue Funds decreased from $78.9M to $61.9M due to the conclusion of grants and reduction in grant expenditures requested compared to FY2025 Augmentation. Examples: COVID 19 Disaster Relief, Ryan White, Family Planning, Public Health Infrastructure (PHI), and Enhancing Detection Expansion grant.

# EXPENDITURES

## COMBINED EXPENSES BY SOURCE – COMPARISON

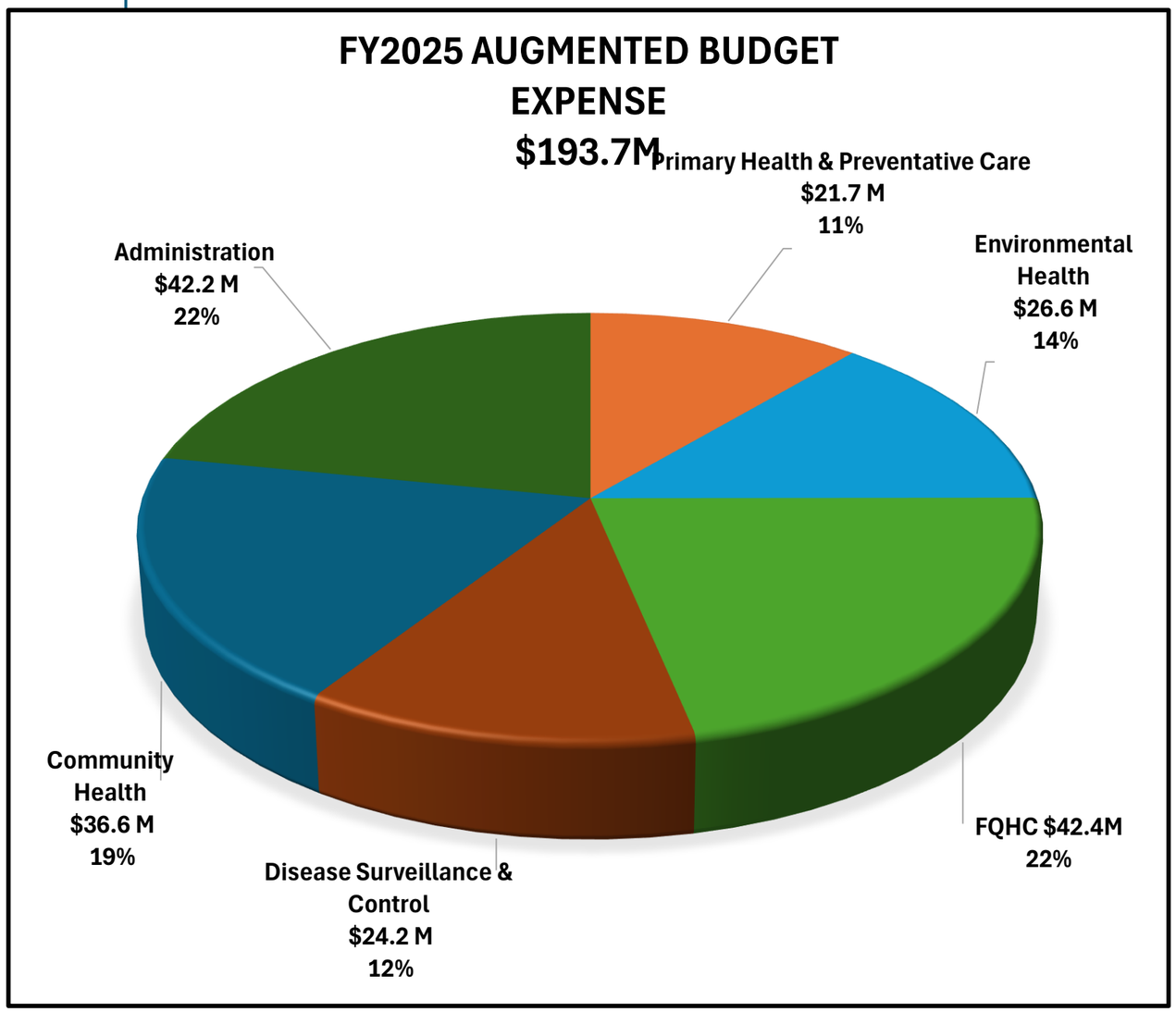


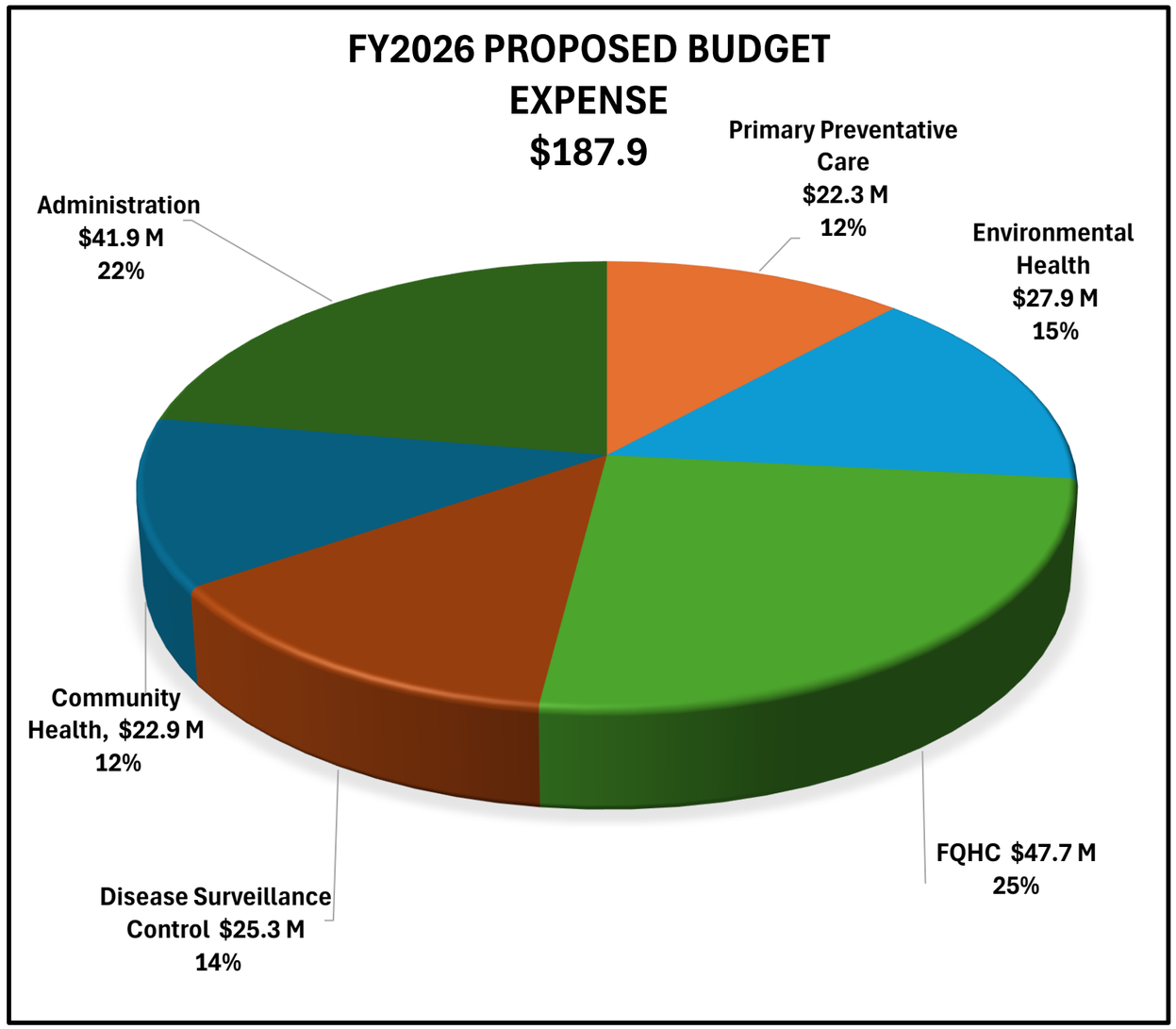




*$ Amounts are based on total expense.*
***Does not include Transfers between GF and SRF .*
***Does not include Transfers Out to Capital of $3M.*

# EXPENDITURES

## COMBINED EXPENSES BY DIVISION – COMPARISON

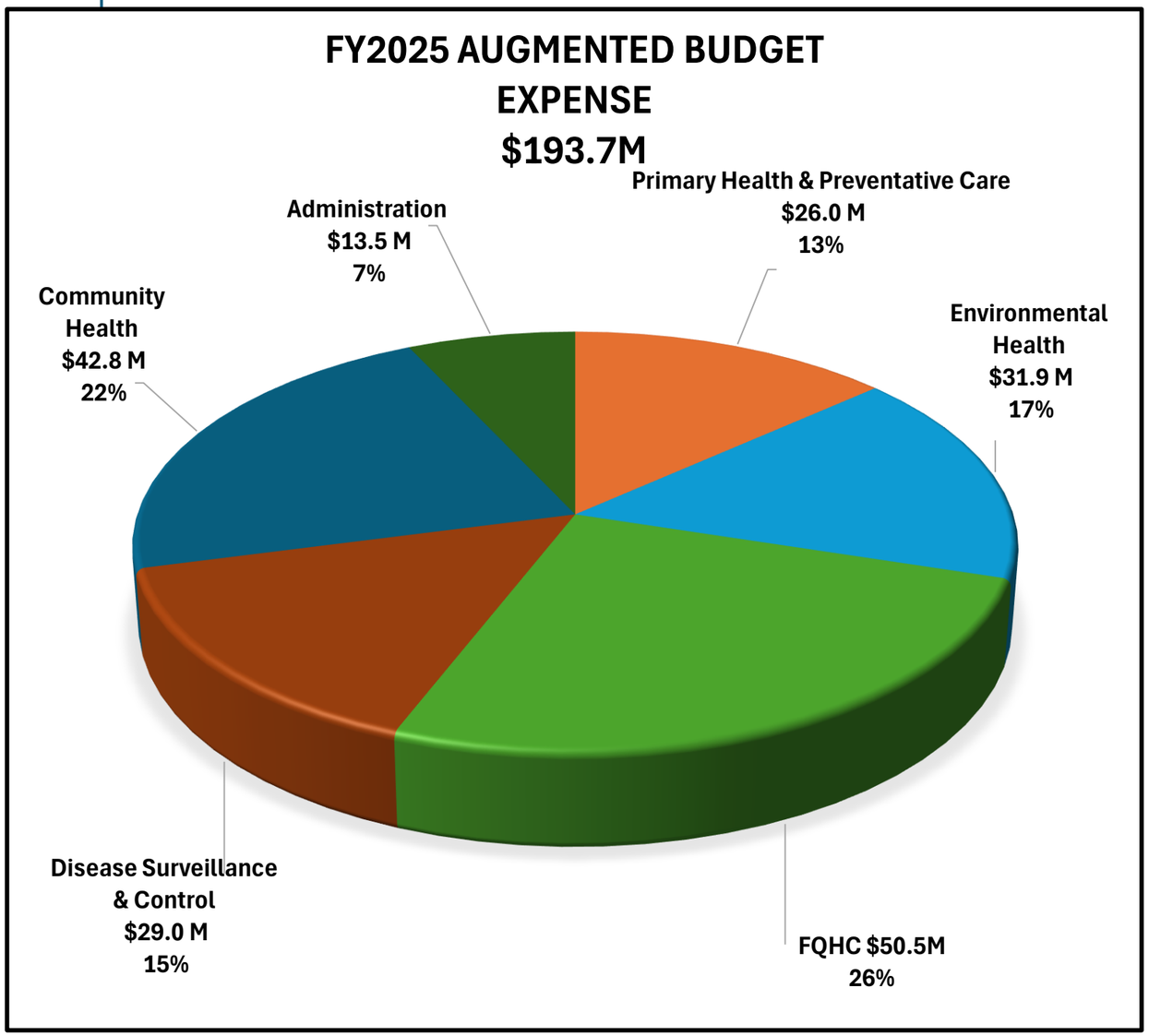


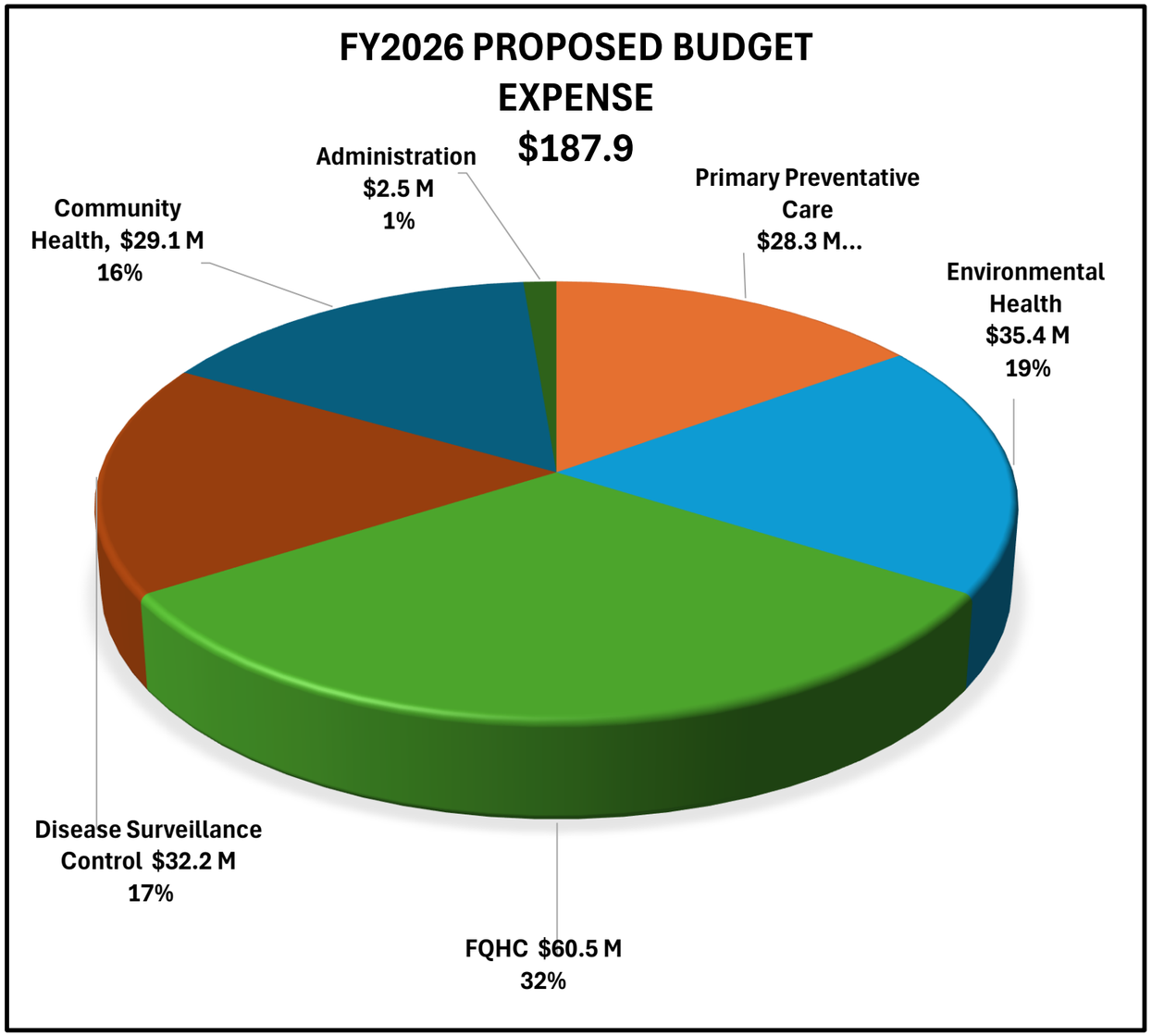




*$ Amounts are based on total expense.*
***Does not include Cost Allocations*
***Does not include Transfers between GF and SRF.*
***Does not include Transfers Out to Capital of $3M.*

# EXPENDITURES

## COMBINED EXPENSES BY DIVISION – COMPARISON




*$ Amounts are based on total expense.*
***Does not include Transfers between GF and SRF.*
***Does not include Transfers Out to Capital of $3M.*

# EXPENDITURES

## GENERAL FUND HIGHLIGHTS

General Fund employee salaries and benefits for FY26 total **$78.8M,** an increase of $6.5M or 19% from FY25 Augmented. FY26 budget includes a full year of salaries and benefits for vacant positions that were partially accounted for in the FY25 Augmented budget. Additionally, FY26 proposed budget includes a 4% COLA, 2.5% Merit and the impact of the 3.25% PERS increase that is effective July 1, 2025 (1/2 of the PERS increase is paid by SNHD)

FTE changes from FY25 augmented to FY26 proposed budget includes 15.7 additional FTE (net). 12 of these positions are new and 3.7 are transfers from other funds.

General Fund Pharmacy Medical supplies increased from $23.9M to **$28.4M** an increase of **$4.5M** or 44%

# EXPENDITURES

## GRANTS FUND HIGHLIGHTS

Special Revenue Funds expenses decreased from $85.2M to **$70.7M** due to the conclusion of grants and reduction in grant expenditures requested compared to FY2025 Augmentation. Examples on conclusion of grants and reduction in request : COVID 19 Relief grants, Ryan White, Family Planning, PHI grant, and Enhancing Detection Expansion grant.

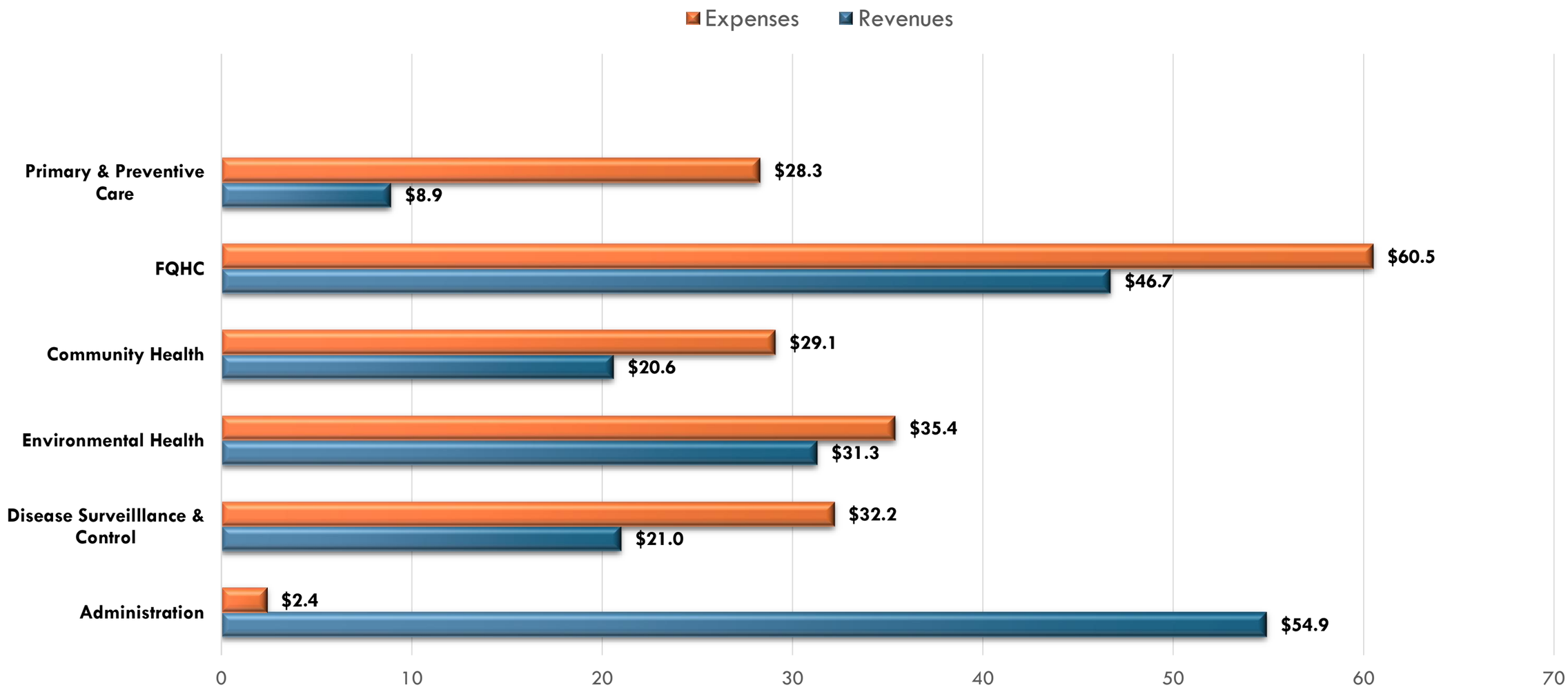
SB118 revenue is estimated at **$6.8M in FY26.** Anticipated FTE total is 13.4 positions (4 New) with estimated salaries & benefits of $1.6M.

PHI Grant revenue is estimated at **$7.1M in FY26**. Anticipated FTE total is 45 positions with estimated salaries & benefits of $5.8M.

FTE changes from FY25 augmented to FY26 proposed budget includes a reduction of 7.5 FTE (net). There are12 new positions offsetting transfers and reductions.

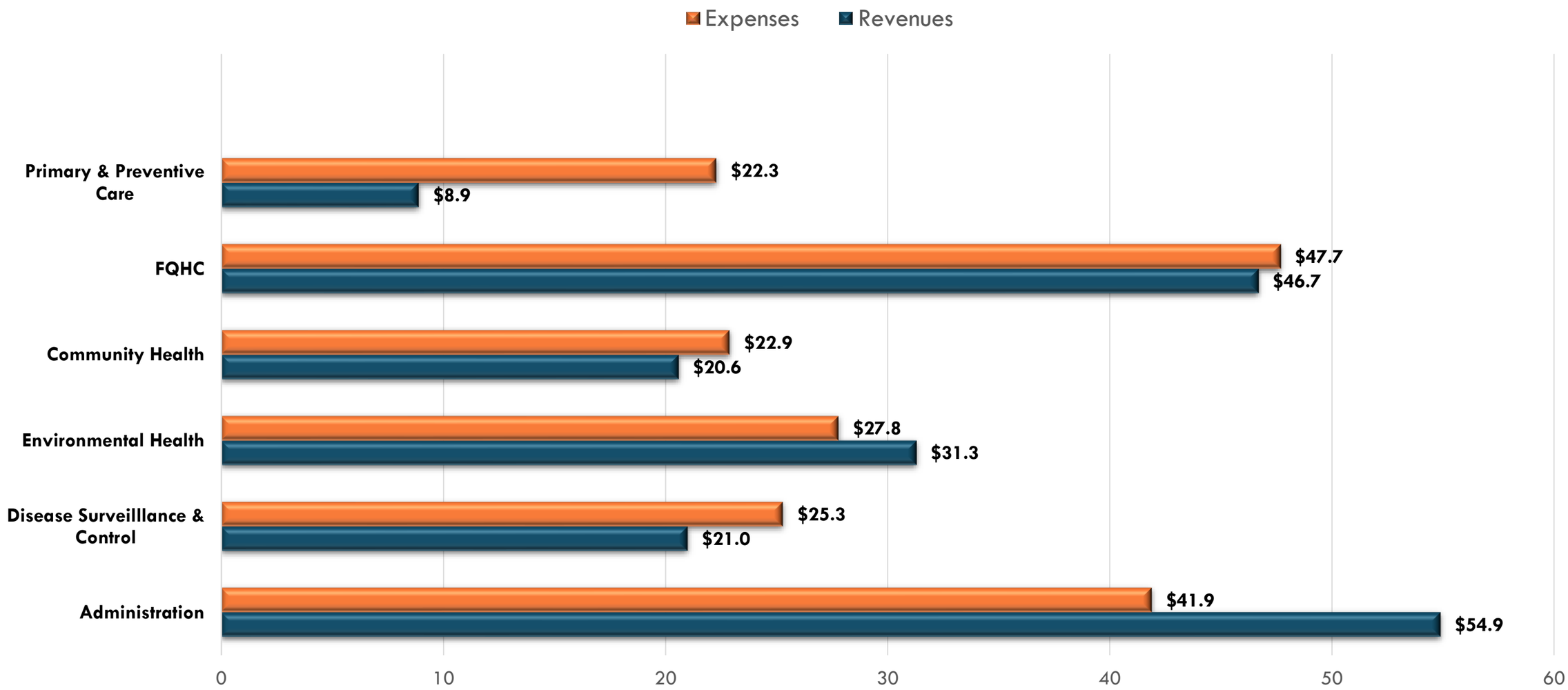
# REVENUES VS. EXPENDITURES

## COMBINED FUNDS BY DIVISION



# REVENUES VS. EXPENDITURES

## COMBINED FUNDS BY DIVISION - *excludes cost allocations*




***Does not include cost allocations*

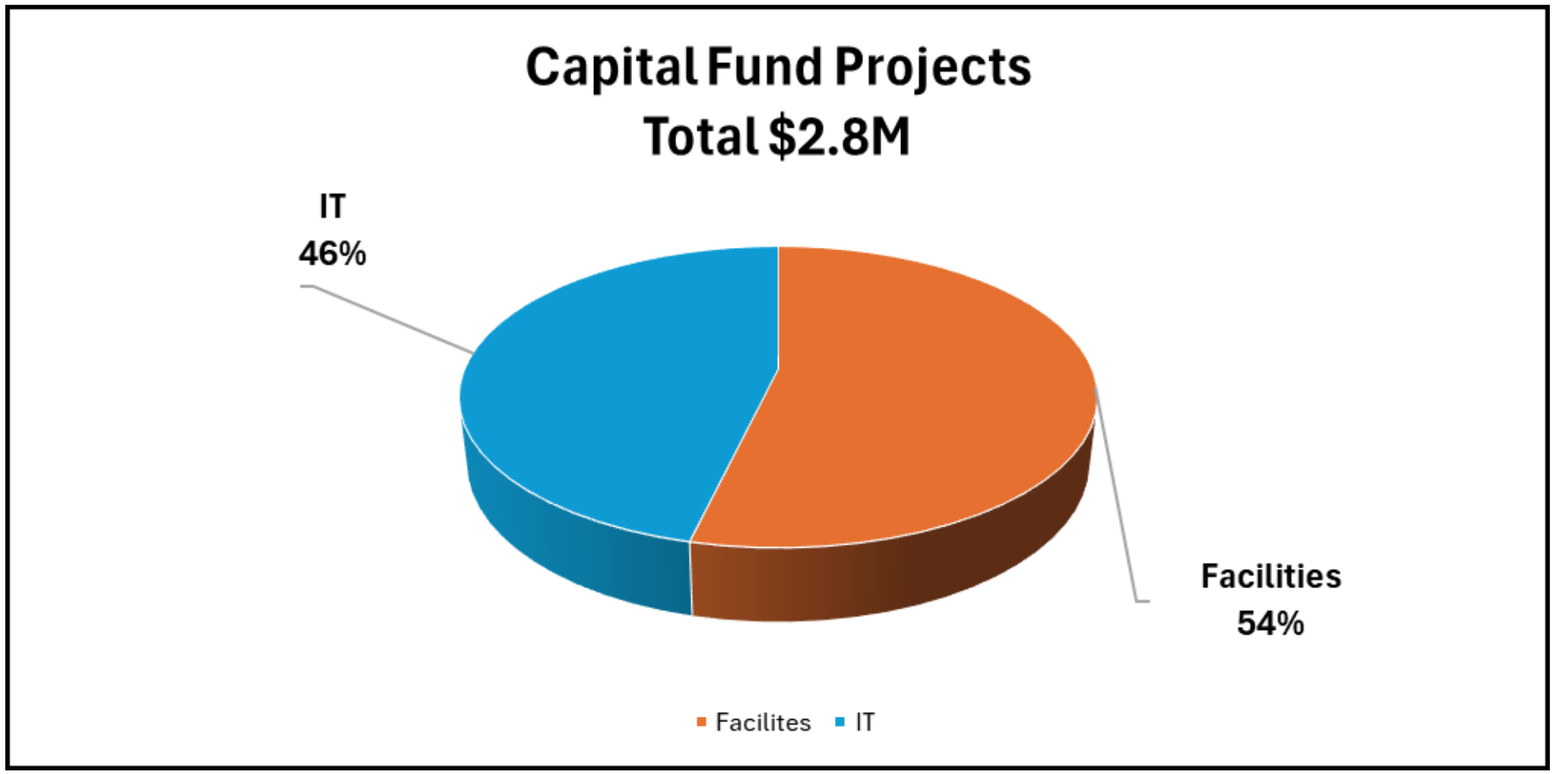
# PERSONNEL

| Division | 2023/2024 Actuals | 2024/2025 Adopted | 2024/2025 Amended | 2025/2026 Estimated | FTE Change FY25 AM vs FY26 |
|---|---|---|---|---|---|
| Public Health & Preventive Care | 107.1 | 123.5 | 115.7 | 114.0 | -1.7 |
| Environmental Health | 200 | 203.0 | 205.0 | 205.0 | 0.0 |
| FQHC | 115.8 | 121.0 | 121.7 | 126.5 | 4.8 |
| Disease Surveillance & Control | 119 | 125.0 | 127.0 | 132.0 | 5.0 |
| Community Health | 97 | 104.0 | 103.0 | 103.0 | 0.0 |
| Administration | 183.5 | 190.0 | 192.0 | 192.0 | 0.0 |
| **Total:** | **822.4** | **866.5** | **864.3** | **872.5** | **8.2** |

| | FY 2025 Augmented | | FY 2026 Proposed | | Change | |
|---|---|---|---|---|---|---|
| **Division** | **General Fund** | **Special Revenue** | **General Fund** | **Special Revenue Fund** | **General Fund** | **Special Revenue Fund** |
| Public Health & Preventive Care | 66.8 | 48.9 | 75.1 | 38.9 | 8.3 | -10.0 |
| Environmental Health | 194.8 | 10.2 | 196.3 | 8.7 | 1.5 | -1.5 |
| FQHC | 75.4 | 46.3 | 79.7 | 46.8 | 4.3 | 0.5 |
| Disease Surveillance & Control | 50.3 | 76.7 | 48.4 | 83.6 | -1.9 | 6.9 |
| Community Health | 44.5 | 58.5 | 46.8 | 56.2 | 2.3 | -2.3 |
| Administration | 169.4 | 22.6 | 170.6 | 21.4 | 1.2 | -1.2 |
| **Grand Total** | **601.2** | **263.1** | **616.9** | **255.6** | **15.7** | **-7.5** |

# CAPITAL FUND

## FY 2026 Capital Improvement Projects




| | |
|---|---|
| **Facilities** | |
| Improvements | 1,475,000 |
| Equipment | 35,000 |
| Vehicles | - |
| **Total** | **1,510,000** |
| **IT** | |
| Computer Hardware/Software | 1,082,000 |
| Equipment | 187,000 |
| Professional Services | 32,000 |
| **Total** | **1,301,000** |

# GENERAL FUND

## Three Fiscal Year Activity

| General Fund | FY24 Actual | FY25 Amended | FY 26 Proposed |
|---|---|---|---|
| **Beginning Fund Balance** | **47,091,967** | **54,872,828** | **47,199,705** |
| Revenues | 104,502,746 | 114,237,780 | 121,574,325 |
| Expenditures | 96,721,885 | 121,910,903 | 129,089,073 |
| Change in Fund Balance | 7,780,861 | (7,673,123) | (7,514,748) |
| **Ending Fund Balance** | **54,872,828** | **47,199,705** | **39,684,957** |

# SPECIAL REVENUE FUND

## Three Fiscal Year Activity

| Special Revenue | FY24 Actual | FY25 Amended | FY 26 Proposed |
|---|---|---|---|
| **Beginning Fund Balance** | **105,306** | **82,081** | **82,081** |
| Revenues | 64,278,737 | 85,231,149 | 70,661,216 |
| Expenditures | 64,301,962 | 85,231,149 | 70,661,216 |
| Change in Fund Balance | (23,225) | - | - |
| **Ending Fund Balance** | **82,081** | **82,081** | **82,081** |

# BOND RESERVE FUND

## Three Fiscal Year Activity

| Bond Reserve Fund | FY24 Actual | FY25 Amended | FY26 Proposed |
|---|---|---|---|
| **Beginning Fund Balance** | **3,024,523** | **3,044,524** | **3,074,524** |
| Revenues | 18,285 | 30,000 | 96,620 |
| Expenditures | - | - | - |
| Change in Fund Balance | 18,285 | 30,000 | 96,620 |
| **Ending Fund Balance** | **3,042,808** | **3,074,524** | **3,171,144** |

# INTERNAL SERVICE FUND

## Three Fiscal Year Activity

| Internal Service Fund | FY24 Actual | FY25 Amended | FY26 Proposed |
|---|---|---|---|
| **Beginning Fund Balance** | **86,550** | **91,295** | **92,295** |
| Revenues | 4,745 | 1,500 | 794 |
| Expenditures | - | 500 | - |
| Change in Fund Balance | 4,745 | 1,000 | 794 |
| **Ending Fund Balance** | **91,295** | **92,295** | **93,089** |

# RECOMMENDATION

- Approval of the FY 2026 budget as presented.

- To be submitted to Clark County on or before April 1, 2025 pending further instructions.

Southern Nevada Health District

QUESTION AND ANSWER