



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** October 25, 2007

RE: *Approval of Revision of District Family Planning Fee Schedule*

PETITION # 40-07

That the District Board of Health *adopt the attached revised Family Planning Fee Schedule effective November 1, 2007.*

PETITIONERS:

Bonnie Sorenson RN, Director of Clinics and Nursing *BS*

Sylvia Claiborne, CPA, Financial Services Manager *SC*

Michael Walsh, Director of Administration *MW*

Lawrence Sands, DO, MPH, Chief Health Officer *LS*

DISCUSSION:

Proposed changes and additions to the District's Family Planning fee schedule, for the most part, reflect current program costs and are indicative of increases to the District in providing services. Adjustments and additions are being proposed due to new medications that have been added and to create more consistency with the calculation of the fees as recommended by DHHS during a recent Family Planning Audit. These changes have been bolded on the attached proposed fee schedule.

FUNDING:

No funds are required in approving the above requested action.

FAMILY PLANNING FEE REVISED FEE SCHEDULE

Current Fees

CPT CODE	ICD-9 CODE	TYPE OF SERVICE	SLIDING FEES				
			Up to 100% POV LEVEL	Up to 150% POV LEVEL	Up to 200% POV LEVEL	Up to 250% POV LEVEL	Over 250% POV LEVEL
99204	V25.4	Initial Office Visit	0.00	25.00	45.00	65.00	85.00
99211	V25.4	Minimal Office Visit	0.00	5.00	10.00	15.00	20.00
99212	V25.4	Limited Office Visit	0.00	10.00	20.00	30.00	40.00
99214	V25.4	Annual Office Visit	0.00	25.00	45.00	65.00	85.00
88150	V25.4	Pap Smear	0.00	10.00	20.00	30.00	40.00
88305		Biopsy	0.00	12.00	24.00	36.00	48.00
81025	V72.4	Urine Pregnancy Test	0.00	4.00	8.00	12.00	16.00
84702	V72.4	Blood Pregnancy Test	0.00	5.00	10.00	15.00	20.00
86703	V01.6	HIV Testing (as only service)	0.00	3.00	5.00	7.00	9.00
99070	V25.02	Diaphragm	0.00	8.00	16.00	24.00	32.00
57170	V25.02	Diaphragm Fitting	0.00	10.00	20.00	30.00	40.00
J7300	V25.42	IUD Device (Parraguard)	0.00	50.00	85.00	120.00	155.00
J7300	V25.42	IUD Device (Other)	0.00	10.00	20.00	30.00	40.00
58300	V25.1	IUD Insertion	0.00	36.00	75.00	114.00	153.00
58301	V25.42	IUD Removal	0.00	15.00	25.00	35.00	45.00
90786	V25.02	Depo Provera Injection	0.00	10.00	20.00	30.00	40.00
99070	V25.41	Birth Control Pills	0.00	5.00	10.00	15.00	20.00
99070	V25.41	Plan B Morning After BCP	0.00	5.00	10.00	15.00	20.00
99070	V25.02	VCF Film	0.00	0.00	0.00	0.00	0.00
99070	V25.02	Condoms	0.00	0.00	0.00	0.00	0.00
99070	V25.02	Female Condoms (Pkg of 3)	0.00	2.00	4.00	6.00	8.00
99072	V01.6	Ampicillin	0.00	4.00	8.00	12.00	16.00
99072	V01.6	Bicillin Injectable	0.00	5.00	10.00	15.00	20.00
99072	V01.6	Diflucan	0.00	5.00	10.00	15.00	20.00
99072	V01.6	Doxycycline	0.00	4.00	8.00	12.00	16.00
99072	V01.6	Elimite/Acticin	0.00	10.00	19.00	28.00	37.00
99072	V01.6	Gynol Gel	0.00	0.00	1.00	2.00	3.00
99072	V01.6	Metro-Gel	0.00	5.00	10.00	15.00	20.00
99072	V01.6	Metronidazole (Flagyl)	0.00	4.00	8.00	12.00	16.00
99072	V01.6	Mycelex	0.00	5.00	10.00	15.00	20.00
99072	V01.6	Rocephin Injectable	0.00	5.00	10.00	15.00	20.00
99072	V01.6	Trobicin	0.00	6.00	12.00	18.00	24.00
99072	V01.6	Vagitrol (Sultrin)	0.00	3.00	6.00	9.00	12.00
99072	V01.6	Zithromax Oral	0.00	5.00	10.00	15.00	20.00
		Lipid Panel	0.00	5.00	9.00	13.00	17.00
		Fasting Blood Sugar	0.00	3.00	6.00	9.00	12.00

Proposed Fees (In Bold Print)

CPT CODE	ICD-9 CODE	TYPE OF SERVICE	SLIDING FEES				
			Up to 100% POV LEVEL	Up to 150% POV LEVEL	Up to 200% POV LEVEL	Up to 250% POV LEVEL	Over 250% POV LEVEL
99204	V25.4	Initial Office Visit	0.00	25.00	50.00	75.00	100.00
99211	V25.4	Minimal Office Visit	0.00	5.00	10.00	15.00	20.00
99212	V25.4	Limited Office Visit	0.00	10.00	20.00	30.00	40.00
99214	V25.4	Annual Office Visit	0.00	25.00	50.00	75.00	100.00
88150	V25.4	Pap Smear	0.00	10.00	20.00	30.00	40.00
88305		Biopsy	0.00	12.00	24.00	36.00	48.00
81025	V72.4	Urine Pregnancy Test	0.00	4.00	8.00	12.00	16.00
84702	V72.4	Blood Pregnancy Test	0.00	5.00	10.00	15.00	20.00
86703	V01.6	HIV Testing (as only service)	0.00	3.00	6.00	9.00	12.00
99070	V25.02	Diaphragm	0.00	8.00	16.00	24.00	32.00
57170	V25.02	Diaphragm Fitting	0.00	10.00	20.00	30.00	40.00
J7300	V25.42	IUD Device (Parraguard)	0.00	50.00	100.00	150.00	200.00
J7300	V25.42	IUD Device (Other)	0.00	10.00	20.00	30.00	40.00
58300	V25.1	IUD Insertion	0.00	36.00	72.00	108.00	144.00
58301	V25.42	IUD Removal	0.00	15.00	30.00	45.00	60.00
90786	V25.02	Depo Provera Injection	0.00	10.00	20.00	30.00	40.00
99070	V25.41	Birth Control Pills	0.00	5.00	10.00	15.00	20.00
99070	V25.41	Plan B Morning After BCP	0.00	5.00	10.00	15.00	20.00
99070	V25.02	VCF Film	0.00	0.00	0.00	0.00	0.00
99070	V25.02	Condoms	0.00	0.00	0.00	0.00	0.00
99070	V25.02	Female Condoms (Pkg of 3)	0.00	2.00	4.00	6.00	8.00
99072	V01.6	Ampicillin	0.00	4.00	8.00	12.00	16.00
99072	V01.6	Bicillin Injectable	0.00	5.00	10.00	15.00	20.00
99072	V01.6	Diflucan	0.00	5.00	10.00	15.00	20.00
99072	V01.6	Doxycycline	0.00	4.00	8.00	12.00	16.00
99072	V01.6	Elimite/Acticin	0.00	10.00	20.00	30.00	40.00
99072	V01.6	Gynol Gel	0.00	0.00	1.00	2.00	3.00
99072	V01.6	Metro-Gel	0.00	5.00	10.00	15.00	20.00
99072	V01.6	Metronidazole (Flagyl)	0.00	4.00	8.00	12.00	16.00
99072	V01.6	Mycelex	0.00	5.00	10.00	15.00	20.00
99072	V01.6	Rocephin Injectable	0.00	5.00	10.00	15.00	20.00
99072	V01.6	Trobicin	0.00	6.00	12.00	18.00	24.00
99072	V01.6	Vagitrol (Sultrin)	0.00	3.00	6.00	9.00	12.00
99072	V01.6	Zithromax Oral	0.00	5.00	10.00	15.00	20.00
		Lipid Panel	0.00	5.00	10.00	15.00	20.00
		Fasting Blood Sugar	0.00	3.00	6.00	9.00	12.00
		Penicillin VK 40 count	0.00	13.00	26.00	39.00	52.00
		Birth Control Pills (April) - per cycle	0.00	11.00	22.00	33.00	44.00