

**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** February 28, 2008

**RE:** *Approval of Revision of District Administrative Services Fee Schedule and Medical Procedures Fee Schedule*

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**PETITION # 07-08**

**That the District Board of Health** *adopt the attached Fee Schedule changes effective March 1, 2008.*

**PETITIONERS:**

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

**Sylvia Claiborne, CPA, Financial Services Manager** *&*

**Michael Walsh, Director of Administration** *MW*

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

**DISCUSSION:**

Proposed changes to the District's fee schedules, for the most part, reflect current program costs and are indicative of cost increases to the District in providing services. A request is being made to increase Immunization administration fees for two or more shots from the current rate of \$20 to a proposed rate of \$25 due to the increase in personnel and vaccine costs. See attached explanation from Nursing Division. This proposed rate increase will apply to all immunization fees. These changes have been highlighted on the attached fee schedules proposed for next year.

**FUNDING:**

No funds are required in approving the above requested action.



February 12, 2008

Board of Health  
Las Vegas Nevada

Re: Raise of Immunization Administration Fee


Dear Board of Health,


Due to the increase in personnel and vaccine costs, we must raise our vaccine administrative fees.

We have avoided raising our fees for as long as possible. Our last increase was two years ago. As mandated by Medicare we will continue to charge only \$16.00 for one vaccine. With your approval we will minimally increase the cost of two or more vaccines from \$20.00 to \$25.00. As always we will not turn anyone away because of their inability to pay.

We anticipate that you will understand the necessity for this price increase.

Thank you,  
SNHD Immunization Program

  
\_\_\_\_\_  
Bonnie Sorenson  
Director of Clinic and Nursing Services

  
\_\_\_\_\_  
Veronica Morata-Nichols  
Community Health Nurse Manager

**SOUTHERN NEVADA HEALTH DISTRICT  
ADMINISTRATIVE SERVICES FEE SCHEDULE (PROPOSED)  
JULY 1, 2007 - JUNE 30, 2008**

**CURRENT (FY 07-08)**

**PROPOSED (FY 07-08)**

**RECORDS:**

|   |                  |                  |
|---|------------------|------------------|
| Affidavit of Paternity or Correction of Vital Record            | \$20.00          | \$20.00          |
| Notary Public Service   | \$2.00/Signature | \$2.00/Signature |
| Birth Card  | \$25.00/Set of 2 | \$25.00/Set of 2 |
| Birth Certificate Form for Home Births                          | \$1.00/Card      | \$1.00/Card      |
| Data Request for Burial Transport                               | \$15.00          | \$15.00          |
| After Hours Data Request for Burial Transport completed by SNHD | \$20.00          | \$20.00          |
| Certified Copy of Birth Certificate                             | \$20.00          | \$20.00          |
| Certified Copy of Death Certificate                             | \$20.00          | \$20.00          |
| Surcharge for Certificate Archived in Carson City               | \$5.00           | \$5.00           |
| File Search with Certification                                  | \$10.00          | \$10.00          |
| Record Certification  | \$15.00          | \$15.00          |
| List of Decedents for Financial Institutions                    | \$125.00         | \$125.00         |
| Manufacturer Permit/Certificate of Free Sale                    | \$100.00/Form    | \$100.00/Form    |

**PUBLIC RECORD:**

|   |             |             |
|---|-------------|-------------|
| Paper Medium (Color Copy)                       | \$0.25/page | \$0.25/page |
| Professional staff research and programmer time | \$65.00/Hr. | \$65.00/Hr. |

**HEALTH CARDS:**

|  |         |         |
|--|---------|---------|
| Health Card - 3 Year Card and Food Handler Training - Food Handler Only        | \$50.00 | \$50.00 |
| Health Card Renewal - Food Handler Only  | \$50.00 | \$50.00 |
| Child Care, Permanent Makeup, Tattoo Tech, & Various 2 Year Cards - First Time | \$40.00 | \$40.00 |
| Child Care, Permanent Makeup, Tattoo Tech, & Various 2 Year Cards - Renewal    | \$40.00 | \$40.00 |
| Surcharge (Late Fee) for Renewal of Expired Card                               | \$15.00 | \$15.00 |
| Health Card Duplicate  | \$20.00 | \$20.00 |
| Adult Group Care Card with Two Step Skin Test - First Time Applicant           | \$45.00 | \$45.00 |
| Adult Group Care Card with X-ray   | \$50.00 | \$50.00 |
| Adult Group Care Card Renewal with Two Step Skin Test                          | \$45.00 | \$45.00 |
| Adult Group Care Card Renewal with X-ray                                       | \$50.00 | \$50.00 |
| X-Ray - Single View  | \$80.00 | \$80.00 |
| Skin Test Only - One Step  | \$30.00 | \$30.00 |
| Skin Test Only - Two Step  | \$50.00 | \$50.00 |

**IMMUNIZATIONS:**

|   |   |   |
|---|---|---|
| School Year Immunizations through Age 18: |   |   |
| IPV, DtaP, MMR, Hib                       | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| HepA, HepB                                | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |

*NV MEDICAID AND MEDICARE PART B ELIGIBLES ARE CHARGED ACCORDING  
TO THE APPROPRIATE GUIDELINES FOR COVERED SERVICES.*

**GENERAL:**

|   |                |                |
|---|----------------|----------------|
| Returned Check Service Charge                     | \$25.00        | \$25.00        |
| Premarital Blood Test Findings (out of state use) | \$35.00/Person | \$35.00/Person |
| Health Risk Appraisal                             | No Charge      | No Charge      |

**SOUTHERN NEVADA HEALTH DISTRICT  
FEE CHARGES TO MEDICAL PROCEDURES (PROPOSED)**

July 1, 2007 - June 30, 2008

**CLINIC SERVICES:**

**CURRENT (FY 07-08)**

**PROPOSED (FY 07-08)**

|   |   |   |
|---|---|---|
| 1. Blood Pressure                                       | No Charge                               | No Charge                               |
| 2. PKU - Blood Test                                     | \$5.00                                  | \$5.00                                  |
| 3. Therapeutic Injections (Patient provides medication) | \$16.00/Inj                             | \$16.00/Inj                             |
| 4. Day Care or Camp Physical                            | \$25.00                                 | \$25.00                                 |
| 5. Sports Physical                                      | \$25.00                                 | \$25.00                                 |
| 6. Immunization Record Replacement                      | \$5.00                                  | \$5.00                                  |
| 7. Visit Administration Fee                             | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |

**TRAVEL/SPECIAL REQUEST IMMUNIZATIONS:**

|  |                              |                              |
|--|------------------------------|------------------------------|
| 1. Typhoid (Injection)                           | \$60.00/Inj*                 | \$60.00/Inj*                 |
| 2. Yellow Fever                                  | \$90.00/Inj*                 | \$90.00/Inj*                 |
| 3. Meningococcal (Meniomune)                     | \$110.00/Inj*                | \$110.00/Inj*                |
| 4. Meningitis (Menactra)                         | \$110.00*                    | \$110.00*                    |
| 5. Twinrix (Combination Hep A and Hep B Vaccine) | \$60.00/Inj (3-shot series)* | \$60.00/Inj (3-shot series)* |
| 6. Gamma Globulin                                | \$55.00*                     | \$55.00*                     |

**IMMUNIZATIONS - AGES 19 AND OVER OR NON-VACCINES FOR CHILDREN (NON-VFC):**

|  |                              |                              |
|--|------------------------------|------------------------------|
| 1. Tetanus/Diphtheria - 19 yrs and over                                  | \$40.00*                     | \$40.00*                     |
| 2. Tdap - 19 yrs and over  | \$55.00*                     | \$55.00*                     |
| 3. Hepatitis A Vaccine Injection at SNHD (19 yrs and over)               | \$35.00/Inj (2-shot series)* | \$35.00/Inj (2-shot series)* |
| 4. Hepatitis A Vaccine Pediatric Formulation (2 through 18 yrs, Non-VFC) | \$45.00/Inj (2-shot series)* | \$45.00/Inj (2-shot series)* |
| 5. Hepatitis A Vaccine Employer Program                                  | \$35.00/Inj (2-shot series)* | \$35.00/Inj (2-shot series)* |
| 6. Influenza Vaccine Injection (As of 10/01/06)                          | Price Set Annually**         | Price Set Annually**         |
| 7. Pneumonia Vaccine (As of 10/01/06)                                    | \$45.00**                    | \$45.00**                    |
| 8. Measles, Mumps & Rubella - 19 yrs and over                            | \$65.00/Dose*                | \$65.00/Dose*                |
| 9. Polio Vaccine Injection - 19 yrs and over                             | \$45.00/Inj*                 | \$45.00/Inj*                 |
| 10. Varicella - 19 yrs and over  | \$90.00/Dose*                | \$90.00/Dose*                |
| 11. Haemophilus B (HIB) Adults w/ prescription admin fee only            | \$30.00/Inj*                 | \$30.00/Inj*                 |
| 12. Prevnar - Non-VFC - all ages   | \$90.00/Dose*                | \$90.00/Dose*                |
| 13. Hepatitis B - For Public Agencies and Non-Profits & Students         | \$45.00/each*                | \$45.00/each*                |
| 14. Hepatitis B - For Private Agencies/Individuals                       | \$50.00/each*                | \$50.00/each*                |
| 15. Menactra - 19 yrs and over (new)                                     | \$110.00                     | \$110.00                     |
| 16. Rabies   | \$185.00/Dose*               | \$185.00/Dose*               |
| 17. RotaTeq  | \$86.00/Dose*                | \$86.00/Dose*                |
| 18. ProQuad  | \$80.00/Dose*                | \$80.00/Dose*                |
| 19. Zostavax   | \$165.00/Dose*               | \$165.00/Dose*               |
| 20. Human Papilloma Virus 9 - 18 yrs 3 shot series (Non-VFC)             | \$140.00/Dose*               | \$140.00/Dose*               |
| 21. Human Papilloma Virus 19 - 26 yrs 3 shot series                      | \$140.00/Dose*               | \$140.00/Dose*               |

**IMMUNIZATIONS - AGES 0 THROUGH 18 VFC:**

VFC = Uninsured, Underinsured, NV Medicaid\*\*,  
Native American, Alaskan Native

|   |   |   |
|---|---|---|
| 1. Hepatitis A                                | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 2. Hepatitis B                                | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 3. Measles, Mumps and Rubella (MMR)           | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 4. Measles, Mumps, Rubella & Varicella (MMRV) | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 5. Menactra                                   | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 6. Polio Vaccine                              | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |

\*PLUS \$16.00/VISIT ADMINISTRATION FEE FOR 1 INJECTION/\$20.00 FOR 2 OR MORE INJECTIONS

\*\*VISIT ADMINISTRATION FEE DOES NOT APPLY

**SOUTHERN NEVADA HEALTH DISTRICT  
FEE CHANGES TO MEDICAL PROCEDURES (PROPOSED)  
JULY 1, 2007 - JUNE 30, 2008**

**IMMUNIZATIONS - AGES 0 THROUGH 18 VFC (CONT.):**

VFC = Uninsured, Underinsured, NV Medicaid\*\*,  
Native American, Alaskan Native

|  |   |   |
|--|---|---|
| 7. Varicella                                       | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 8. Haemophilus B (HIB) Conjugate                   | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 9. Prevnar - 0 through 6 yrs                       | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 10. DTaP or DT                                     | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 11. Tdap   | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 12. Human Papilloma Virus 9 - 18 yrs 3 shot series | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 13. Pediarix                                       | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 14. RotaTeq  | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 15. Tetanus/Diphtheria - < 19 yrs                  | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |

*NV MEDICAID AND MEDICARE PART B ELIGIBLES ARE CHARGED ACCORDING  
TO THE APPROPRIATE GUIDELINES FOR COVERED SERVICES.*

**RECOMBIVAX (HEPATITIS B VACCINE):**

**CURRENT (FY 07-08)**

**PROPOSED (FY 07-08)**

|   |   |   |
|---|---|---|
| 1. For Children (Ages 0 through 18)                         | \$16.00/ 1 Inj, \$20.00/ 2 or more Inj. | \$16.00/ 1 Inj, \$25.00/ 2 or more Inj. |
| 2. For Public Agencies and Non-Profit Agencies and Students | \$45.00/each*                           | \$45.00/each*                           |
| 3. For Private Agencies/Individuals                         | \$50.00/each*                           | \$50.00/each*                           |

**STD AND HIV SERVICES:**

|   |               |               |
|---|---------------|---------------|
| 1. STD and HIV Screening (Initial and Repeat) -<br><small>No Person Shall Be Denied Service Due To Inability To Pay</small> | \$25.00/Visit | \$25.00/Visit |
| 2. STD Results Copy   | \$3.00/Copy   | \$3.00/Copy   |
| 3. HIV Screening -<br><small>No Person Shall Be Denied Service Due To Inability To Pay</small>                              | \$10.00/Visit | \$10.00/Visit |
| 4. Immune Competence Profile  | \$75.00/Test  | \$75.00/Test  |
| 5. Repeat STD Examination (Special Pay)   | \$60.00/Visit | \$60.00/Visit |
| 6. HIV Rapid Testing  | \$25.00       | \$25.00       |
| 7. HIV PCR RNA Testing (new)  | \$90.00/Visit | \$90.00/Visit |
| 8. CT/GC Urine Testing (new)  | \$20.00/Visit | \$20.00/Visit |
| 9. Vaccination(s) Administration >19 yrs; HPV (new)   | \$150.00/Inj* | \$150.00/Inj* |
| 10. Immigration Clearance Letter (new)  | \$35.00       | \$35.00       |
| 11. STD Lab Fee -<br>(Chlamydia (CT) and Gonorrhea (GC) Testing)  | \$8.89        | \$8.89        |

**HIV/AIDS EVALUATION CLINIC:**

≤200%      201-400%      ≥400%      ≤200%      201-400%      ≥400%

|  |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|
| Baseline Assessment  | \$375.00 | \$412.00 | \$450.00 | \$375.00 | \$412.00 | \$450.00 |
| <small>Includes: Immune Profile, Viral load, Hepatitis profile, Toxoplasmosis, blood chemistry, STD &amp; TB screening, vaccine, Nursing, and physician.</small> |          |          |          |          |          |          |
| Immune and Viral status Monitoring   | \$150.00 | \$165.00 | \$180.00 | \$150.00 | \$165.00 | \$180.00 |
| <small>Includes: Immune Profile, Viral load, Nursing and physician.</small>  |          |          |          |          |          |          |
| Referral for Primary Care Genotype Testing   | \$350.00 | \$385.00 | \$420.00 | \$350.00 | \$385.00 | \$420.00 |
| <small>Includes: HIV-1 Genotype</small>  |          |          |          |          |          |          |

**OTHER MEDICAL SERVICES:**

|  |             |             |
|--|-------------|-------------|
| 1. Skin Test (PPD) - One Step At SNHD  | \$30.00     | \$30.00     |
| 2. Skin Test (PPD) - Two Step At SNHD  | \$50.00     | \$50.00     |
| 3. Skin Test (PPD) - One Step Off Site | \$40.00***  | \$40.00***  |
| 4. Skin Test (PPD) - Two Step Off Site | \$60.00**** | \$60.00**** |
| 5. Symptom Evaluation Offsite          | \$25.00     | \$25.00     |

\*\*\*Includes Mileage