





TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** November 20, 2008

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

PETITION # 39-08

That the Southern Nevada District Board of Health *adopts the attached Fee Schedules effective December 1, 2008.*

PETITIONERS:

Sylvia Claiborne, CPA, Financial Services Manager 
Scott Weiss, Director of Administration ^{SW}
Lawrence Sands, DO, MPH, Chief Health Officer 

DISCUSSION:

Proposed additions to the District's Family Planning fee schedule are being proposed in order to include generic names for drugs administered in the program and to update ICD-9 codes. These changes are necessary for billing purposes. The changes have been either highlighted or bolded on the attached page.

FUNDING:

No funds are required in approving the above requested action.

SOUTHERN NEVADA HEALTH DISTRICT
 FAMILY PLANNING CLINIC AND WOMEN'S HEALTH CONNECTION - FEE SCHEDULE (PROPOSED)
 JULY 1, 2008 - JUNE 30, 2009

New Fees FY 08-09

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	V25.40	Initial Office Visit	0.00	50.00	70.00	100.00	150.00
99211	V25.40	Minimal Office Visit	0.00	10.00	15.00	20.00	25.00
99212	V25.40	Limited Office Visit	0.00	30.00	40.00	60.00	80.00
99214	V25.40	Annual Office Visit	0.00	50.00	70.00	100.00	150.00
88150	V25.40	Pap Smear	0.00	10.00	20.00	30.00	40.00
81025	V72.40	Urine Pregnancy Test	0.00	5.00	10.00	15.00	20.00
84702	V72.40	Blood Pregnancy Test	0.00	5.00	10.00	15.00	20.00
86703	V01.6	HIV Testing (as only service)	0.00	5.00	10.00	15.00	20.00
99070	V25.02	Diaphragm	0.00	10.00	20.00	30.00	40.00
57170	V25.02	Diaphragm Fitting	0.00	20.00	40.00	60.00	80.00
J7300	V25.42	IUD Device (Parraguard)	0.00	75.00	100.00	150.00	200.00
58300	V25.1	IUD Insertion	0.00	50.00	75.00	100.00	150.00
58301	V25.42	IUD Removal	0.00	30.00	45.00	60.00	75.00
J1055	V25.02	Depo Provera Injection	0.00	15.00	20.00	30.00	40.00
99070	V25.41	Birth Control Pills	0.00	7.00	10.00	15.00	20.00
99070	V25.41	Plan B Morning After BCP	0.00	10.00	15.00	20.00	25.00
99070	V01.6	Bicillin Injectable	0.00	35.00	45.00	55.00	85.00
99070	V01.6	Diflucan (Fluconazole)	0.00	5.00	10.00	15.00	20.00
99070	V01.6	Doxycycline	0.00	5.00	10.00	15.00	20.00
99070	V01.6	Gynol Gel	0.00	5.00	7.00	8.00	10.00
99070	V01.6	Metro-Gel	0.00	5.00	10.00	15.00	20.00
99070	V01.6	Metronidazole (Flagyl)	0.00	5.00	10.00	15.00	20.00
99070	V01.6	Mycelex (Clotrimazole)	0.00	5.00	10.00	15.00	20.00
99070	V01.6	Rocephin Injectable / oral (Ceftriaxone)	0.00	5.00	10.00	15.00	20.00
99070	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	5.00	10.00	15.00	20.00
		Penicillin VK 40 count	0.00	15.00	20.00	25.00	30.00
87491	74.5	CT Amplified Urine	0.00	5.00	8.00	9.00	14.00
87490	078.8	CT Non Amplified Urine	0.00	5.00	8.00	9.00	14.00
87591	74.5	GC Amplified Urine	0.00	5.00	8.00	9.00	14.00
87590	098	GC Non Amplified Urine	0.00	5.00	8.00	9.00	14.00
		CT/GC Amplified Urine	0.00	16.00	19.00	20.00	28.00