



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** September 27, 2018

RE: *Approval of Revision to Southern Nevada Health District Clinical Services and Lab Fee Schedule*

PETITION #26-18

That the Southern Nevada District Board of Health adopt the attached Clinical Services and Lab Fee Schedule effective October 1, 2018.

PETITIONERS:

Ernest Blazzard, Financial Services Manager *EB*
Todd Bleak, Pharm.D., MBA, AAHVP, Clinical Pharmacist *TB*
JoAnn Rupiper, Chief Administrative Nurse *JR*
Michael Johnson, PhD, Director of Community Health *MJ*
Fermin Leguen, MD, MPH, Director of Clinical Services *FL*
Andrew J. Glass, FACHE, MS, Director of Administration *AG*
Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer *JPI*

DISCUSSION:

The Southern Nevada Health District uses a cost allocation methodology in determining fees for services. The Health District includes costs for staff (salaries and benefits), costs for supplies, costs for product, and overhead in the calculation. Proposed additions and changes to the Health District's Clinical Services and Lab fee schedule reflect these costs, which is an accurate reflection of the costs to deliver the services, and are indicative of price increases from vendors. In clinical pharmacy, an additional methodology using the average weighted price assisted in setting the fee for the medications. These changes will be effective October 1, 2018.

FUNDING:

No funds are required in approving the above requested action.

**Southern Nevada Health District
Clinical Services Fee Schedule
(effective October 1, 2018)**

Family Health Care	Current Fee	Proposed Fee
Preventive Services		
Tobacco counseling/3-10 min	-	22.20
Tobacco counseling/>10 min	-	42.75
Welcome to Medicare exam	-	256.98
ECG w/Welcome to Medicare exam	-	26.36
Other Services		
After posted hours	-	22.62
Home health certification	-	83.70
Home health recertification	-	64.26
Prolonged/30-74 min additional	-	199.20
Office Procedures		
Audiometry/screening test, pure tone, air only	-	15.92
Removal of foreign body from external auditory canal	-	126.75
Cerumen removal w/instrument	-	74.93
Cerumen removal w/o instrument	-	21.92
ECG, w/interpretation	-	26.10
ECG, rhythm strip	-	19.53
Nebulizer/Inhalation Treatment	-	29.06
Nebulizer- demo/eval of pt use	-	26.85
Spirometry	-	55.76
Spirometry, pre and post	-	94.13
Tympanometry	-	22.29
Skin Procedures		
Burn care, initial	-	106.28
Destruction of benign lesions other than skin tags/cutaneous vascular lesions - first lesion	-	102.29
Destruction of benign lesions other than skin tags/cutaneous vascular lesions - second through 14 lesions	-	8.97
Foreign body, skin, simple	-	238.74
Foreign body, skin, complex	-	425.51
I&D, abscess	-	183.87
I&D, hematoma/seroma	-	255.12
Laceration repair, simple (site. size)		
2.5 cm or less	-	212.15
2.6 cm to 7.5 cm	-	225.92
7.6 cm to 12.5 cm	-	264.98
12.6 cm to 20.0 cm	-	329.96
20.1 cm to 30.0 cm	-	409.22
greater than 30.0 cm	-	459.36

**Southern Nevada Health District
Clinical Services Fee Schedule
(effective October 1, 2018)**

Family Health Care	Current Fee	Proposed Fee
Nail removal, partial	-	163.98
Nail removal, w/matrix	-	259.71
Laboratory		
Gram Stain/Sputem Culture	-	11.09
Albumin	-	10.19
CBC w/ diff	-	15.99
CBC w/o diff	-	13.31
Creatinine	-	10.55
Electrolyte Panel	-	14.43
Gram Stain/Sputem Culture	-	11.09
Hematocrit	-	4.88
Hemoglobin	-	4.88
Hemoglobin A1C	-	19.98
Hemocult, colored cancer screening	-	6.69
Hepatic Function Panel (Liver Panel)	-	16.82
Hepatitis B surface Ab, qualitative	-	16.82
Hepatitis B surface Ab, quantitative	-	30.84
Acute Hepatitis Panel w/reflex	-	98.01
Lipid panel	-	27.56
Basic Metabolic Panel	-	17.40
Comprehensive Metabolic Panel	-	21.74
Microalbumin, urine, quantitative	-	11.90
Microalbumin, urine, semi-quantitative	-	9.42
Mononucleosis/EBV	-	10.65
Platelet Count	-	9.21
Pregnancy, quantitative	-	28.89
PT with INR	-	8.09
PTT, Activated	-	12.36
Pregnancy, qualitative	-	15.48
Renal Panel	-	17.87
Sedimentation Rate	-	7.31
Culture, presumptive, pathogenic organisms, screening only (Strep)	-	13.64
TSH	-	34.58
T4	-	18.56
T3, free	-	34.86
Urinalysis, with microscopy, non-automated	-	6.53
Urinalysis, w/o microscopy, non-automated	-	5.25
Urine culture routine, quantatative colony count	-	16.61
Urine culture, presumptive ID of isolates	-	16.65

**Southern Nevada Health District
Clinical Services Fee Schedule
(effective October 1, 2018)**

Family Health Care	Current Fee	Proposed Fee
Point of Care Testing		
Blood glucose, monitoring device	-	8.09
Bacterial vaginosis, rapid	-	25.14
Hemocult	-	6.69
HIV-1/2, rapid	-	49.55
Influenza, rapid	-	24.66
Microalbumin	-	9.42
Mononucleosis, rapid	-	10.65
RSV, rapid	-	24.66
Strep A, rapid	-	20.97
UA dipstick	-	5.25

**Southern Nevada Health District
Clinical Services Fee Schedule
(effective October 1, 2018)**

Dental Hygiene Services	Current Fee	Proposed Fee
Comprehensive periodontal evaluation - new or established patient	-	-
Screening of Patient	39.00	39.00
Assessment of Patient	39.00	39.00
Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	-	-
Caries risk assessment and documentation, with a finding of low risk	-	-
Caries risk assessment and documentation, with a finding of moderate risk	-	-
Caries risk assessment and documentation, with a finding of high risk	-	-
Prophylaxis – adult	-	75.00
Prophylaxis – child	-	75.00
Topical Fluoride Varnish (DH)	53.00	53.00
Nutritional counseling for control of dental disease	-	37.00
Tobacco counseling for the control and prevention of oral disease	-	-
Oral Hygiene Instructions	-	15.00
Dental Sealant Per Tooth	37.00	37.00
Sealant repair - per tooth	-	25.00
Interm caries arresting medication application, per tooth	-	18.00
Periodontal scaling and root planing – four or more teeth per quadrant	-	154.00
Periodontal scaling and root planing - one to three teeth per quadrant	-	83.00
Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	-	277.00
Full mouth debridement to enable comprehensive evaluation and diagnosis	-	112.00
Localized delivery of antimicrobial agent - per tooth	-	105.00
Periodontal maintenance	-	62.00
Gingival irrigation – per quadrant	-	-
Consultation with a medical health care professional	-	55.00
Office visit for observation (during regularly scheduled hours) – no other services performed	-	37.00
Cleaning and inspection of removable complete denture, maxillary	-	-
Cleaning and inspection of removable complete denture, mandibular	-	-
Cleaning and inspection of removable partial denture, maxillary	-	-
Cleaning and inspection of removable partial denture, mandibular	-	-
Missed appointment	-	-
Cancelled appointment	-	-
Dental case management – addressing appointment compliance barriers	-	15.00
Dental case management – care coordination	-	31.00
Dental case management – motivational interviewing	-	15.00
Dental case management – patient education to improve oral health literacy	-	15.00

**Southern Nevada Health District
Clinical Services Fee Schedule
(effective October 1, 2018)**

Office Visits		Current Fee	Proposed Fee
Evaluation & Management Visits			
	New Patient		
MD/APRN	E&M, Outpatient, Problem Focused	115.00	115.00
MD/APRN	E&M, Outpatient, Expanded Problem Focused	175.00	175.00
MD/APRN	E&M, Outpatient, Detailed Problem Focused	215.00	215.00
MD/APRN	E&M, Outpatient, Comprehensive Problem Focused	280.00	280.00
MD/APRN	E&M, Outpatient, Very Comprehensive Problem Focused	345.00	345.00
	Established Patient		
RN Only	RN Only	90.00	90.00
MD/APRN	Problem Focused	130.00	130.00
MD/APRN	Expanded Problem Focused	155.00	155.00
MD/APRN	Detailed Problem Focused	215.00	215.00
MD/APRN	Comprehensive Problem Focused	260.00	260.00
Preventive Medicine Services (CHN/FP/SHC)			
	New Patient		
MD/APRN	<1 Year Old	160.00	160.00
MD/APRN	1-4 Years Old	160.00	160.00
MD/APRN	5-11 Years Old	160.00	160.00
MD/APRN	12-17 Years Old	160.00	160.00
MD/APRN	18-39 Years Old	160.00	160.00
MD/APRN	40-64 Years Old	160.00	160.00
MD/APRN	65+ Years Old	160.00	160.00
	Established Patient		
MD/APRN	<1 Year Old	160.00	160.00
MD/APRN	1-4 Years Old	160.00	160.00
MD/APRN	5-11 Years Old	160.00	160.00
MD/APRN	12-17 Years Old	160.00	160.00
MD/APRN	18-39 Years Old	160.00	160.00
MD/APRN	40-64 Years Old	160.00	160.00
MD/APRN	65+ Years Old	160.00	160.00
Risk Reduction, Behavioral Assessment			
MD/APRN	Preventative, Risk Reduction Counseling, Approx 15 Min.	95.00	95.00
MD/APRN	Preventative, Risk Reduction Counseling, Approx 30 Min.	115.00	115.00
MD/APRN	Preventative, Risk Reduction Counseling, Approx 45 Min.	140.00	140.00
MD/APRN	Preventative, Risk Reduction Counseling, Approx 60 Min.	175.00	175.00
Other Preventive Medicine Services			
RN	Vaccine Admin, 1st Injec		20.00
RN	Vaccine Admin, Subsequent (Each)		8.00
MD/APRN	Directly Observed Therapy	5.00	5.00
MD/APRN	CA Screen/Breast Exam	48.00	54.00
MD/APRN	*Non-Covered Physical Exam 0-18 Years Old	0.00	85.00
MD/APRN	**Non-Covered Physical Exam 19+ Years Old	0.00	95.00
Pharmacist	Medications Management Therapy	0.00	38.00

*Sports, Daycare, School

**Pre-Employment, Sports, School

**Southern Nevada Health District
Clinical Services Fee Schedule
(effective October 1, 2018)**

Immunizations	Current Fee	Proposed Fee
Admin Fee 1st Vaccine	20.00	20.00
Admin Fee Each additional Vaccine (IM or SQ)	8.00	8.00
Chicken Pox (Varicella)	234.00	240.00
DT (Diphtheria, Tetanus)	97.00	91.00
DTaP	42.00	42.00
DTap-Hep B-IPV - Pediarix	140.00	136.00
DTap-Hib-IPV - Pentacel	167.00	120.00
DTap-IPV	92.00	98.00
Hepatitis A & B - Twinrix	147.00	155.00
Hepatitis A (Adult) HAVRIX, VAQTA	75.00	82.00
Hepatitis A (Child)	49.00	54.00
Hepatitis B (Adult)	89.00	88.00
Hepatitis B (Child) engerix, Merck	36.00	37.00
Hepatitis B adjuvanted	new	177.00
Hib PRP-OMP	52.00	55.00
Hib PRP-T	23.00	23.00
HPV, Gardasil #9	376.00	384.00
Influenza, cclIV4, .50 Prsrve (1 dose)	new	32.00
Influenza, High Dose Seasonal	89.00	87.00
Influenza, Quad Inj Prsrve 0.25 (1 dose)	36.00	32.00
Influenza, Quad Inj Prsrve 0.50 (1 dose)	36.00	32.00
Influenza, Quad, .25 P. Free (1 dose)	36.00	discontinued
Influenza, Quad, .50 P. Free (1 dose)	38.00	discontinued
Influenza, inj MDCK, Quad, Pres	new	32.00
IPV - IPOL	47.00	45.00
Live, Oral Cholera Vaxchora	new	439.00
Meningococcal (MCV4) Menactra	207.00	205.00
Meningococcal (MCV4) Menveo	205.00	205.00
Meningococcal (MenB-4C- Bexsero)	275.00	288.00
Meningococcal (MenB-FHbp- Trumenba)	247.00	234.00
Meningococcal (MPSV4)	247.00	discontinued
MMR	137.00	141.00
MMRV	380.00	395.00
Pneumococcal (Pneumovax 23)	173.00	183.00
Pneumococcal (Pevnar 13)	342.00	352.00
Rabies	478.00	553.00
Rotavirus, Monovalent (Rotarix)	214.00	216.00
Rotavirus, Pentavalent	164.00	164.00
Shingrix (Zoster Subunit)	new	272.00
Td, Preserve FREE	47.00	53.00
Tdap (Adacel)	68.00	68.00
Tdap (Boostrix)	73.00	68.00
Typhoid	127.00	126.00
Yellow Fever Stamaril	252.00	245.00
Zoster (Shingles) Zostavax	423.00	discontinued

**Southern Nevada Health District
Clinical Services Fee Schedule
(effective October 1, 2018)**

Procedures	Current Fee	Proposed Fee
Paracervical (Uterine) Block	255.00	256.00
Implant Device - Nexplanon	800.00	771.00
Implant - Insertion	170.00	244.00
Implant - Removal	255.00	292.00
Implant Removal and Reinsertion	475.00	506.00
IUD Insertion	145.00	153.00
IUD Device - Mirena	703.00	703.00
IUD Device - Kyleena	new	481.00
IUD Device - Paragard	610.00	459.00
IUD Device - Skyla	665.00	454.00
IUD Device - Liletta	717.00	97.00
IUD Removal	145.00	207.00
IUD Removal and Reinsertion	475.00	360.00
Diaphragm Fitting Set	105.00	146.00
Diaphragm Device	109.00	109.00
Therapeutic IM/SC Injection	40.00	40.00
Fluoride Varnish Administered (Medical)	33.00	37.00
ASQ (developmental screening)	54.00	55.00
ASQ (developmental testing)	54.00	55.00
Obesity Counseling (15 mins face-to-face)	54.00	55.00
Newborn Screening (Capillary specimen)	15.00	15.00
Collection of Venous Blood	10.00	10.00
Collection of Capillary Blood	10.00	10.00
Collection of Other Lab Spec	10.00	10.00
Vision screen, bilateral	25.00	25.00
Vision screen, bilateral, Instrument based with remote analysis and report	new	25.00
Vision screen, bilateral, Instrument based with on-site analysis	new	25.00
Pulse Oximetry - single determination	5.00	5.00
Tuberculosis Skin Testing	30.00	30.00

**Southern Nevada Health District
Clinical Services Fee Schedule
(effective October 1, 2018)**

Point of Care Testing	Current Fee	Proposed Fee
Urine Pregnancy Test	15.00	15.00
Trichomonas Vaginalis	15.00	15.00
Bacterial Vaginosis	15.00	15.00
Smear, Wet Mount for Inf Agents	20.00	20.00
Hemoglobin	22.00	21.00
Lead	36.00	35.00

**Southern Nevada Health District
Clinical Services Fee Schedule
(effective October 1, 2018)**

Medications	Current Fee	Proposed Fee
Acetaminophen 120mg SUPPOS, ORAL		5.30
Acetaminophen 325mg CAP TAB, ORAL		5.01
Acetaminophen 160mg/5mL, LQ, ORAL		5.40
Acyclovir 400mg		6.51
Acyclovir 800mg		7.93
Albuterol Sul 2.5mg/3mL SOLN		6.06
Antibiotic Ointment (Bacitracin Zinc) PACKET		5.09
Aspirin 325mg (ASA)		5.01
Avelox 400mg		34.23
Azithromax Powder 1gm (1 packet) (60cc)		122.91
Azithromycin 500mg		17.45
Azithromycin 600mg		19.95
Bactrim DS 800/160mg		5.92
Bicillin 2.4 Long Acting		314.57
Birth Control Pills - Apri (28 tabs)		29.41
Birth Control Pills - Aviane (28 tabs)		33.13
Birth Control Pills - Micronor (28 tabs)		57.45
Birth Control Pills - Nora - B (28 tabs)		34.54
Birth Control Pills - Orth Cyclen (28 tabs)		52.94
Birth Control Pills - Ortho Trycyclen (28 tabs)		52.94
Birth Control Pills - Ortho Trycyclen Lo (28 tabs)		52.94
Birth Control Pills - Reclipsen (28 tabs)		36.48
Birth Control Pills - Sprintec (28 tabs)		30.78
Birth Control Pills - Tri Lo Sprintec (28 tabs)		122.35
Birth Control Pills - Trinessa (28 tabs)		31.08
Budesonide 0.5mg/2mL INH SUSP		13.86
Budesonide 1mg/2mL INH SUSP		23.46
Capastat Injectable (1gr = 10ml)		211.83
Cefixime 400mg		27.14
Ceftriaxone 250mg/mL, IM		16.85
Ceftriaxone sodium 500mg (bill 2 units) INJ		7.24
Cephalexin 500mg		6.06
Clotrimazole Vaginal Cream (1%)		10.19
Cycloserine 250mg		63.11
Dapsone 100mg		7.42
DepoProvera 150mg/mL IM		205.40
Descovy 200mg/25mg		58.63

**Southern Nevada Health District
Clinical Services Fee Schedule
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Medications	Current Fee	Proposed Fee
Dexamethasone sodium phosphate 10mg/mL INJ		10.04
Dexamethasone sodium phosphate 4mg/mL INJ		5.84
Diflucan 100mg		12.04
Diphenhydramine 25mg CAP		5.02
Diphenhydramine HCl 50mg/mL INJ		5.79
Diphenhydramine 12.5mg/5mL LQ		5.02
Doxycycline 100mg		6.90
Emergency Birth Control - Plan B		36.20
Epinephrine 1mg/mL INJ, VIAL		19.00
EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector		155.00
EpiPen (Epinephrine) 0.30mg autoinjector		297.13
Erythromycin 500mg		20.03
Ethambutol 100mg		5.36
Ethambutol 400mg		6.06
Ethionamide 250mg		10.30
Fluconazole 100mg		12.04
Fluconazole 150mg		32.87
Gentamicin 40mg/mL 2ML		6.07
Genvoya 150-200-10		99.26
Hurricane Gyno-Gel		11.92
Ibuprofen 200mg CAP		5.06
Ibuprofen 100mg/5mL LQ ORAL		5.03
Iprat-Albut 0.5-3(2.5)mg/3mL		6.84
Ipratropium BR 0.02% SOLN		6.41
Isoniazid 100mg		5.12
Isoniazid 300mg		5.41
Ketorolac tromethamine 30mg/mL INJ		6.68
Ketorolac tromethamine 60mg/2mL INJ		7.76
Levaquin 250mg		18.45
Levaquin 500mg		21.07
Levaquin 750mg		33.86
Lidocaine 2% Viscous SOLN		5.11
Medroxyprogesterone 150mg/ml IM		83.28
Methylprednisolone 40mg INJ		13.35
Methylprednisolone 80mg INJ		18.73
Metrogel Vaginal Gel 0.75% TUBE		366.39
Metronidazole 250mg		5.38

**Southern Nevada Health District
Clinical Services Fee Schedule
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Medications	Current Fee	Proposed Fee
Metronidazole Vaginal Gel TUBE		8.70
Mupirocin 2% OINTMENT		5.91
Mycobutin 150mg		19.00
Mylanta		5.08
Nevirapine 50mg/5mL		5.74
Odefsey 200-25-25		90.78
Ondansetron 4mg/2mL INJ (the code is 1 unit)		5.44
Ondansetron ODT 4mg TAB		22.83
Paser 4gm		11.40
Penicillin G benz/G procaine (CR) 1.2 mil u/2mL (100,000 per unit)		125.42
Penicillin G benzathine (LA) 600,000 u/mL (100,000 per unit)		92.23
Penicillin VK 500mg		5.62
Prednisolone 15mg/5mL SOLN, ORAL		5.39
Prezcobix 800/150mg		62.81
Prezista 800mg		55.58
Priftin 150mg		8.65
Promethazine HCl 25mg/mL inj code is 50mg)		6.27
Pyrazinamide 500mg		7.29
Rifamate (rifampin and isoniazid) 150/300mg		10.10
Rifampin 150mg		7.59
Rifampin 300mg		8.67
Rifapentine 150mg		8.65
Silver Sulfadiazine 1% CREAM		5.24
Streptomycin 1gram VIAL		80.00
Tindamax 500mg		18.70
Tivicay 50mg		58.04
Triamcinolone acetonide 40mg/mL INJ (10mg per unit)		13.16
Triumeq 600/50/300mg		94.77
Truvada 200-300mg		58.63
Vandazole Vaginal Gel TUBE		6.86
Vitamin B12 (Cyanocobalamin) 1000mg INJ		11.99
Vitamin B-6 50mg		5.01
Xylocaine-Mpf 1% VIAL		6.96
Zidovud Syrp 50mg/5mL 240mL		5.19
Zyvox 600mg		261.31
*smallest chargeable unit		

**Southern Nevada Health District
Clinical Services Fee Schedule
(effective October 1, 2018)**

Laboratory Tests	Current Fee	Proposed Fee
Syphilis IgG antibody (treponemal)	60.00	60.00
RPR, non treponemal qualitative	39.00	39.00
RPR titer, non-treponemal quantitative	46.00	46.00
TPPA antibody (treponemal)	60.00	60.00
HIV-1 and HIV-2 antibody, single result (EIA)	34.00	34.00
HIV-1 antigen, with HIV-1 and HIV-2 antibodies, single result	36.00	36.00
Chlamydia, Detection by Amplified Probe Technique	49.00	49.00
Neisseria gonorrhoeae, Detection by Amplified Probe Technique	49.00	49.00
Gonorrhea Culture, Isolation and Presumptive Identification	62.00	62.00
N. gonorrhoeae Culture, Confirmatory Identification	141.00	141.00
Quantiferon	60.00	60.00
Pap Smear	50.00	52.00