

Updates to SNCHC Fee Schedule



SNCHC Governing Board Meeting
March 24, 2022

Fee schedule review

- Last year a more comprehensive review of the fee schedule.
- This year there are only a few fees that need to be updated.
- These are mostly new codes or fees that have not used in the past.

CPT/HCPCS	Description	Full fee schedule	Proposed New Fees
Primary care services			
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99381	INITIAL PREVENTIVE MEDICINE NE	\$172.00	\$184.00
99382	INITIAL PREVENTIVE MEDICINE NE	\$172.00	\$189.00
99383	INITIAL PREVENTIVE MEDICINE NE	\$172.00	\$191.00
99384	INITIAL PREVENTIVE MEDICINE NE	\$172.00	\$210.00
99385	INITIAL PREVENTIVE MEDICINE NE	\$172.00	\$240.00
99386	INITIAL PREVENTIVE MEDICINE NE	\$172.00	\$269.00
99387	INITIAL PREVENTIVE MEDICINE NE	\$172.00	\$274.00
99394	PERIODIC PREVENTIVE MED EST PA	\$172.00	\$186.00
99395	PERIODIC PREVENTIVE MED EST PA	\$172.00	\$209.00
99396	PERIODIC PREVENTIVE MED EST PA	\$172.00	\$225.00
99397	PERIODIC PREVENTIVE MED EST PA	\$172.00	\$235.00
81025	Urine Pregnancy Test	\$17.00	\$34.00
87808	Trichomonas Vaginalis	\$17.00	\$45.00
87905	Bacterial Vaginosis	\$17.00	\$37.00
87389	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 AM	\$39.00	\$43.00
J7300	IUD Device - Paragard	\$492.00	\$568.00
J7301	IUD Device - Skyla	\$486.00	\$550.00
J7297	IUD Device - Liletta	\$104.00	\$200.00
	The IUD are covered by the FP grant so patients in FP are not charged		

Office Visits



Medications

CPT/HCPCS	Description	Full fee schedule	Proposed New Fees
Medications			
Q0144	Azithromycin Powder 1gm	24.94	28.30
S4993	Birth Control Pills - Apri (28 tabs)	26.12	29.41
S4993	Birth Control Pills - Aviane (28 tabs)	30.10	33.13
S4993	Birth Control Pills - Nora - B (28 tabs)	31.60	34.54
S4993	Birth Control Pills - Sprintec (28 tabs)	27.59	30.78
S4993	Birth Control Pills - Tri Lo Sprintec (28 tabs)	125.56	122.35
S4993	Birth Control Pills - Tri-Sprintec (28 tabs)	27.90	36.46
J8499	Cefixime 400mg	23.69	23.82
J0696	Ceftriaxone sodium 500mg INJ	0.00	14.17
J3490	Clotrimazole Vaginal Cream (1%)	5.56	8.84
J8499	Cycloserine 250mg	62.18	66.88
J1050	DepoProvera 150mg/mL IM	83.76	57.75
S4993	Emergency Birth Control - Plan B	33.38	31.20
J8499	Fluconazole 150mg	29.82	15.87
J8499	Linezolid 600 mg Tab	157.22	146.94
J1050	Medroxyprogesterone 150mg/ml IM	83.76	57.80
J8499	Moxifloxacin 400 mg Tab	23.30	26.76
J8499	Metronidazole 500 mg		5.55
J3490	Metronidazole Vaginal Gel TUBE	3.96	23.28
S4993	NEW DAY TAB 1.5MG 1 NSTR@	39.53	31.94
J8499	Streptomycin 1gram VIAL	80.25	80.00
99070	Vandazole Vaginal Gel TUBE	139.56	135.43
J8499	Vitamin B-6 50mg	0.01	0.02
J2001	Xylocaine-Mpf 1% VIAL	2.10	6.96
Q0144	Zithromax 1 gm powder	126.16	123.50
J8499	Zyvox 600mg	274.26	10.97

Patients on the sliding fee
Scale pay between \$7 and \$22



New
Vaccines

	CPT/HCPCS	New Fees
PCV15 (Vaxneuvance)	90671	420.00
PCV20 (Prevnar 20)	90677	450.00

Discounts are offered to uninsured patients.

(VFC for children 0-18 years and 317 for adults 19 years and older)



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

QUESTIONS & DISCUSSION
