



**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** September 22, 2016

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

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**PETITION #31-16**

**That the Southern Nevada District Board of Health** *adopt the attached Clinical Services Fee Schedule and Lab Services effective October 1, 2016.*

**PETITIONERS:**

**Sharon L. McCoy-Huber, Financial Services Manager** *smh*  
**Karen Carifo, PhD, Lab Director** *K*  
**Rachell Ekroos, PhD, APRN, Chief Administrative Nurse** *RKE*  
**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 Southern Nevada Health District's Clinical Services and Lab Services 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. These changes will be effective October 1, 2016.

**FUNDING:**

No funds are required in approving the above requested action.

**SOUTHERN NEVADA HEALTH DISTRICT  
CLINICAL SERVICES and LAB SERVICES  
FEE SCHEDULE**

<u>Service</u>	<u>Description</u>	<u>Current Fee</u>	<u>Proposed Fee</u>
<b><i>Immunizations</i></b>			
	Admin Fee 1st Vaccine	20.00	20.00
	Admin Fee Each additional Vaccine (IM or SQ)	8.00	8.00
	Chicken Pox (Vericella)	195.00	222.00
	DT (Diphtheria, Tetanus)	80.00	96.00
	DTaP	45.00	42.00
	DTap-Hep B-IPV (Pediatrix)	135.00	142.00
	DTap-Hib-IPV (Pentacel)	165.00	173.00
	DTap-IPV (Kinrix)	95.00	100.00
	Hepatitis A & B (Twinrix)	110.00	130.00
	Hepatitis A (Adult)	60.00	69.00
	Hepatitis A (Child)	40.00	46.00
	Hepatitis B (Adult)	70.00	80.00
	Hepatitis B (Child)	30.00	36.00
	Hib PRP-OMP	45.00	49.00
	Hib PRP-T	40.00	45.00
	HPV, bivalent	250.00	263.00
	HPV, Gardasil 9	305.00	351.00
	HPV, quadrivalent (Gardasil)	275.00	291.00
	Influenza, High Dose Seasonal	60.00	79.00
	Influenza, Intranasal, Quad	50.00	51.00
	Influenza, Quad Inj Prsrve 0.25 (1 dose)	30.00	36.00
	Influenza, Quad Inj Prsrve 0.50 (1 dose)	30.00	36.00
	Influenza, Quad, .50 P. Free (1 dose)	30.00	36.00
	IPV	60.00	63.00
	Meningococcal (MCV4) Menactra	215.00	226.00
	Meningococcal (MCV4) Menveo	165.00	202.00
	Meningococcal (MPSV4)	225.00	240.00
	Meningococcal (MenB-4C- Bexsero)	310.00	318.00
	Meningococcal (MenB-FHbp- Trumenba)	225.00	239.00
	MMR	115.00	130.00
	MMRV	325.00	346.00
	Pneumococcal (Pneumovax 23)	140.00	160.00
	Pneumococcal (Prevnar 13)	295.00	327.00
	Pre-Filled Influenza	30.00	34.00
	Rabies	390.00	464.00
	Rotavirus, Monovalent (Rotarix)	205.00	218.00
	Rotavirus, Pentavalent	145.00	156.00
	Td, Preserve FREE	45.00	55.00
	Tdap (Adacel)	65.00	70.00
	Tdap (Boostrix)	70.00	72.00
	Typhoid	105.00	127.00
	Yellow Fever	230.00	287.00
	Zoster (Shingles) Zostervax	340.00	381.00

**SOUTHERN NEVADA HEALTH DISTRICT  
CLINICAL SERVICES and LAB SERVICES  
FEE SCHEDULE**

<u>Service</u>	<u>Description</u>	<u>Current Fee</u>	<u>Proposed Fee</u>
<i>Office Visits</i>			
	New Patient, Problem Focused	115.00	<i>115.00</i>
	New Patient, Expanded Problem Focused	175.00	<i>175.00</i>
	New Patient, Detailed Problem Focused	215.00	<i>215.00</i>
	New Patient, Comprehensive Problem Focused	280.00	<i>280.00</i>
	New Patient, Very Comprehensive Problem Focused	345.00	<i>345.00</i>
	Established Patient, RN Only	90.00	<i>90.00</i>
	Established Patient, Problem Focused	130.00	<i>130.00</i>
	Established Patient, Expanded Problem Focused	155.00	<i>155.00</i>
	Established Patient, Detailed Problem Focused	215.00	<i>215.00</i>
	Established Patient, Comprehensive Problem Focused	260.00	<i>260.00</i>
	Preventive Medicine Services	160.00	<i>160.00</i>
	Risk Reduction Counseling, 15 minutes	95.00	<i>95.00</i>
	Risk Reduction Counseling, 30 minutes	115.00	<i>115.00</i>
	Risk Reduction Counseling, 45 minutes	140.00	<i>140.00</i>
	Risk Reduction Counseling, 60 minutes	175.00	<i>175.00</i>
	Direct Observed Therapy (DOT)	5.00	<i>5.00</i>
<i>Point of Care</i>			
	Urine Pregnancy Test	15.00	<i>15.00</i>
	Trichomonas Vaginalis	10.00	<i>15.00</i>
	Bacterial Vaginosis	10.00	<i>15.00</i>
	Smear, Wet Mount for Inf Agents	10.00	<i>20.00</i>
	Hemoglobin	20.00	<i>25.00</i>
	Lead	30.00	<i>30.00</i>
	Paracervical (Uterine) Block	245.00	<i>255.00</i>
	Pap Smear	20.00	<i>50.00</i>
	Implant Device - Nexplanon	705.00	<i>745.00</i>
	Implant - Insertion	115.00	<i>170.00</i>
	Implant - Removal	145.00	<i>255.00</i>
	Implant Removal and Reinsertion	203.00	<i>475.00</i>
	IUD Insertion	115.00	<i>145.00</i>
	IUD Device - Mirena	605.00	<i>640.00</i>
	IUD Device - Paragard	395.00	<i>610.00</i>
	IUD Device - Skyla	605.00	<i>665.00</i>
	IUD Device - Liletta	100.00	<i>900.00</i>
	IUD Removal	145.00	<i>145.00</i>
	IUD Removal and Reinsertion	203.00	<i>475.00</i>
	Diaphragm Fitting Set	135.00	<i>105.00</i>
	Diaphragm Device	80.00	<i>80.00</i>
	Therapeutic IM/SC Injection	20.00	<i>40.00</i>
	Fluoride Varnish Administered (Dental)	60.00	<i>35.00</i>
	ASQ w/Exam	55.00	<i>55.00</i>
	ASQ Only	55.00	<i>55.00</i>
	Obesity Counseling	55.00	<i>55.00</i>
	Family Planning Counseling	95.00	<i>75.00</i>

**SOUTHERN NEVADA HEALTH DISTRICT  
CLINICAL SERVICES and LAB SERVICES  
FEE SCHEDULE**

<u>Service</u>	<u>Description</u>	<u>Current Fee</u>	<u>Proposed Fee</u>
	Newborn Screening	5.00	15.00
	CA Screen/Breast Exam	70.00	108.00
	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
<b><i>Therapeutic Medications</i></b>			
	Acyclovir 400mg (21 Tabs)	5.00	5.00
	Acyclovir 400mg (60 Tabs)	5.00	5.00
	Avelox 400mg (30 tabs)	150.00	145.00
	Azithromax Powder 1gm (1 packet) (60cc)	10.00	15.00
	Azithromax 500mg (2 Tabs)	5.00	5.00
	Azithromycin 500mg (30 tabs) (ZITHROMAX)	15.00	15.00
	Azithromycin 600mg (30 tabs) (ZITHROMAX)	35.00	35.00
	Bactrim DS 800/160mg (30 Tabs)	5.00	5.00
	Benadryl 25mg (48 tabs)	-	10.00
	Bicillin 2.4 Long Acting (Benzathine PCN 2.4 Mil Units)	5.00	5.00
	Birth Control - Orth Cyclen (S4993)	25.00	25.00
	Birth Control - Ortho Trycyclen	25.00	25.00
	Birth Control - Ortho Trycyclen Lo	25.00	25.00
	Birth Control - Reclipsen	25.00	25.00
	Birth Control Pills - Aviane	25.00	25.00
	Birth Control Pills - Apri	-	25.00
	Birth Control Pills - Micronor	25.00	25.00
	Capastate Injectable (1gr = 10ml)	-	30.00
	Cefixime 400mg (1 tablet) (Suprax)	-	15.00
	Ceftriaxone 250mg/ml, IM (Rocephin)	5.00	5.00
	Gentamicin (3 vials = 1 dose)	0.00	80.00
	Clotrimazole Vaginal Cream (1%)	5.00	5.00
	Cycloserine 250mg (30 caps)	415.00	530.00
	Dapsone 100mg (30 tabs)	-	50.00
	DepoProvera 150mg/ml IM	45.00	40.00
	Diaphragm Device	60.00	60.00
	Diflucan 100mg (30 Tabs)	5.00	25.00
	Doxycycline 100mg (14 Tabs)	20.00	5.00
	Doxycycline 100mg (28 Tabs)	40.00	5.00
	Doxycycline 100mg (56 Tabs)	80.00	5.00
	Emergency Birth Control - Plan B	40.00	40.00
	Erythromycin 500mg (28 Tabs)	5.00	40.00
	Erythromycin 500mg (40 Tabs)	5.00	55.00
	Ethambutol 100mg (100 tabs)	25.00	45.00
	Ethambutol 400mg (100 tabs)	55.00	25.00
	Ethionamide 250mg (60 tabs) (Trecator)	205.00	205.00
	Fluconazole 100mg (1 Caplet) (Diflucan)	5.00	5.00
	Fluconazole, 100mg (30 Tabs) (Diflucan)	50.00	25.00
	Fluconazole 150mg (1 Caplet) (Diflucan)	5.00	5.00

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<u>Service</u>	<u>Description</u>	<u>Current Fee</u>	<u>Proposed Fee</u>
	Hurricane Gyno-Gel (1 tube)	15.00	15.00
	Isoniazid 100mg (100 tabs)	40.00	5.00
	Isoniazid 300mg (1000 tabs)	90.00	95.00
	Isoniazid 300mg (100 tabs)	-	10.00
	Isoniazid 300mg (30 tabs)	5.00	5.00
	Levaquin 250mg (50 tabs)	280.00	280.00
	Levaquin 500mg (50 tabs)	275.00	275.00
	Lidocaine HCL 10 mg	n/a	n/a
	Medroxyprogesterone 150mg/ml IM	45.00	40.00
	Metrogel Vaginal Gel 0.75% (1 tube)	5.00	5.00
	Metronidazole 250 mg (28 Tabs)	5.00	20.00
	Metronidazole 250 mg (30 Tabs)	5.00	20.00
	Metronidazole 250 mg (8 Tabs)	5.00	5.00
	Mycobutin 150mg (100 caps)	335.00	335.00
	Nevirapine 50mg/5 ml dose (= 5 ml - dose varies based on weight)	-	50.00
	Para-amino Salicylic Acid (4 grams = 1 dose)	-	5.00
	Penicillin VK 500mg (40 Tabs)	5.00	15.00
	PPD Solution (10 Tests) @ 4.24 per Test	5.00	5.00
	Prezista 800mg (30 tabs)	35.00	880.00
	Priftin 300mg (30 tabs)	-	50.00
	Priftin 150mg (32 tabs)	-	50.00
	Pyrazinamide 500mg (100 tabs)	240.00	150.00
	Pyrazinamide 500mg (500 tabs)	-	520.00
	Rifamate (rifampin and isoniazid) 150/300mg (60 tabs)	165.00	405.00
	Rifampin 150mg (30 caps)	30.00	20.00
	Rifampin 300mg (60 caps)	25.00	40.00
	Rifapentine 150mg (32 tabs)	50.00	50.00
	Streptomycin 1gram vials	-	20.00
	Tindamax 500mg (10 Tabs)	5.00	50.00
	Truvada 200-300mg (30 tabs)	25.00	540.00
	Vitamin B-6 50mg (100 tabs)	5.00	5.00
	Zyvox 600mg (20 tabs)	715.00	25.00
<b>Lab Tests (Clinical Services-related)</b>			
	Syphilis IgG antibody (treponemal)	-	60.00
	RPR, non treponemal qualitative	-	39.00
	RPR titer, non-treponemal quantitative	-	46.00
	TPPA antibody (treponemal)	-	60.00
	HIV-1 and HIV-2 antibody, single result (EIA)	-	34.00
	HIV-1 antigen, with HIV-1 and HIV-2 antibodies, single result	-	36.00
	Chlamydia trachomatis, amplified probe technique (Hologic)	-	49.00
	Neisseria gonorrhoeae, amplified probe technique (Hologic)	-	49.00
	Culture (genital, throat, rectal), isolation and presumptive	-	62.00
	Aerobic isolate, additional methods required for identification,	-	141.00