FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

IMMUNIZATIONS - ADMINISTRATION CHARGES		
CPT Code	Service Description	Charges
	Children with Insurance	
90460	Administration **NO MAX**	$30
90461	Administration additional antigen w/counseling	$20
	Uninsured or Underinsured Children	
90460	Administration (1 shot)	$20
90461	Administration (2 shots)	$40
90461	Administration (3 shots or more) **MAX**	$60
	Adults with Insurance	
90471	Administration **NO MAX**	$30
90473	Oral/Intranasal	$30
99080	IHIS	$5
	Uninsured Adults	
90471	Administration (1 shot)	$30
90472	Administration (2 shots)	$60
90472	Administration (3 shots or more) **MAX**	$90
90473	Oral/Intranasal	$30
99080	IHIS	$5

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

IMMUNIZATIONS - VACCINE			
CPT Code	Service Code	Service Description	Charges
90702	DT **2**	DT Pediatric (6 yrs & under)	VFC
90700	DTA **3**	DTAP Pediatric (6 yrs & under)	VFC
90633	HAP	Hep A Pediatric (18 yrs & under)	VFC
90632	HAV	Hep A Adult (19 yrs & over)	$71
90744	HEB	Hep B Pediatric (18 yrs & under)	VFC
90746	HBV	Hep B Adult (19 yrs & over)	$57
90647	HIB	HIB (5 yrs & under)	VFC
90649	HPVC	HPV Child (18 yrs & under)	VFC
90651	HPV9	HPV Child (18 yrs & under)	VFC
90649	HPV$	HPV Adult (19 yrs & over)	$171
90651	HPV9	HPV Adult (19 yrs & over)	$254
90281	IG	Immune Serum Globulin/ISG (any age)	$76
90686	FLUC	Influenza (3 yrs - 18 yrs)	VFC
90685	FLUP	Influenza Pediatric (6 months - 35 months)	VFC
90658	FLU	Influenza (19 yrs & over) + administration	$1
Q2038	FLU	Influenza/MEDICARE	$1
90660	FLMK	Influenza Flumist Nasal Inhalation (2 yrs - 18 yrs)	VFC
90660	FLUM	Influenza Flumist Nasal Inhalation (19 yrs - 49 yrs)	$1
90662	FLUH	High Dose Influenza (65 yrs & over)	$25
90674	FLUX	Influenza Flucelvax (4 yrs - 18 yrs)	VFC
90688	FLUV	Influenza Flu7Laval (3yrs - 18 yrs)	VFC
90696	KINRIX **4**	Kinrix Dtap/IPV	VFC
90621	MENB	Trumemba Meningoccocal grp B (18 yrs & under)	VFC
90621	MENB	Trumemba Meningoccocal grp B (19 yrs & over)	$152

Notes:

A. No child will be turned away from receiving routine childhood immunizations for inability to pay
B. Fee formula: vaccine charge + administration charge = total
C. VFC = Vaccine for Children

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

IMMUNIZATIONS - VACCINE			
CPT Code	Service Code	Service Description	Charges
90734	MCV4	Menveo (2 yrs - 18 yrs)	VFC
90734	MCV4	Menveo (19 yrs - over)	$145
90734	MCVF	Menactra (2 yrs - 18 yrs)	VFC
90734	MCVF	Menactra (19 - 55 yrs)	$162
90707	MMR 3	Measles,Mumps,Rubella (18 yrs & under)	VFC
90707	MMR	Measles,Mumps,Rubella (19 yrs & over)	$85
90620	MNBX	Meningococcal Bexsero (18 yrs & under)	VFC
90621	MNBX	Meningococcal Bexsero (19 yrs & over)	$178
90723	DIHB **5**	Pediarix (2 mos - 7 yrs) (DtaP, Hep B, IPV)	VFC
90698	HDI **5**	Pentacel DTaP/IPV/Hib	VFC
90732	PNU	Pneumococcal/Polysac23 (19 yrs & over)	$105
90713	IPV	Polio Pediatric (18 yrs & under)	VFC
90713	IPV	Polio Adult (19 yrs & over)	$43
90670	PCV	Pneumococcal Conjugate	VFC
90670	PCV	Pneumococcal Conjugate	$225
90675	RABI	Rabies	$334
90680	ROT	Rotavirus P.O. (3 doses by 32 wks of age)	VFC
90680	ROTX	Rotarix P.O. (2 doses by 24 wks of age)	VFC
90715	TdAP **3**	TdaP (11 yrs - 18 yrs)	VFC
90715	TdAP	TdaP (19 yrs - 64 yrs)	$50
90714	TD **2**	Tetanus/Diphtheria/TD (18 yrs & under)	VFC
90714	TD	Tetanus/Diphtheria/TD (19 yrs & over)	$36
86580	TST	Tuberculin Skin Test - Includes Administration & Read	$35
86580	PPD	Tuberculin Skin Test - Includes Administration & Read	$35
90636	HAB	TwinRix Hep A & B IM	$105
90716	VAR	Varicella/Chicken Pox Pediatric (18 yrs & under)	VFC
90716	VAR	Varicella/Chicken Pox Adult (19 yrs & over)	$159
90736	VZV	Shingles (60 yrs & over)	$274

Notes:

A. No child will be turned away from receiving routine childhood immunizations for inability to pay
B. Fee formula: vaccine charge + administration charge = total
C. VFC = Vaccine for Children

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

TITERS			
CPT Code	Service Code	Service Description	Charges
99001		Collection/Handling for Titers	$17
36415		Venipuncture for Titers	$17
DENTAL PROCEDURES			
CPT Code	Service Code	Service Description	Charges
D0120	DE0120	Periodic Oral Exam (per child)	$28
D1110	DE1110	Prophylaxis Adult (12 yrs & over)	$50
D1120	DE1120	Prophylaxis Pediatric (under 12 yrs)	$39
D1206	DE1206	Topical Fluoride	$21
D1208	DE1208	Topical Fluoride all ages	$23
D1351	DE1351	Sealant (per tooth) (need tooth #)	$32
D4355	DE4355	Full Mouth Debridement	$82
D9110	DE9110	Emergency Palliative Treatment	$49
D0191	DE0191	Oral Health Assessment by District Hygenist	$28
D9630	DE9630	Xylitol Gum 100 pieces	$9

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

TB CLINIC						
CPT Code	Service Code	Service Description	A 25%	B 50%	C 75%	D 100%
99202	TB3C	New TB Client Visit with Provider	$29	$58	$87	$116
99213	TB4C	Established TB Client Visit with Provider	$29	$57	$86	$114
TB CLINIC - LABS						
CPT Code	Service Code	Service Description	A 25%	B 50%	C 75%	D 100%
36415	TLIV	Venipuncture (TLIV, TLIP, TABC)	$4	$9	$13	$17
36415	TABC	Hepatitis A, B, C Panel (incl venipuncture & handling)	$9	$17	$26	$34
36415	TBQTL	TB Quantiferon Low Risk venipuncture	$4	$9	$13	$17
99001	TBQTL	TB Quantiferon Low Risk handling	$4	$9	$13	$17
36415	TBQTH	TB Quantiferon High Risk venipuncture	$4	$9	$13	$17
99001	TBQTH	TB Quantiferon High Risk handling	$4	$9	$13	$17
86580	TST	Tuberculin Skin Test	$45	$45	$45	$45
86701	RHIV$	Rapid HIV Full Fee Low Risk	$13	$13	$13	$13
36416	RHIV$	Rapid HIV Full Fee Fingerstick Low Risk	$4	$8	$11	$15
86701	HIVHR	Rapid HIV High Risk	$3	$7	$10	$13
36416	HIVHR	Rapid HIV Fingerstick High Risk	$4	$8	$11	$15

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

CONVENIENT CARE - OFFICE VISITS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
99201	New Problem Visit - 10 min	$17	$34	$51	$68
99202	New Expanded - 20 min (also School Physicals)	$29	$58	$87	$116
99203	New Detailed - 30 min (also School physicals)	$42	$83	$125	$166
99204	New Comprehensive - 45 min	$50	$100	$150	$200
99211	Established Brief (nurse visit)	$8	$15	$23	$30
99212	Established Problem Visit - 10 min	$17	$34	$50	$67
99213	Established Expanded - 15 min	$29	$57	$86	$114
99214	Established Detailed - 25 min	$42	$85	$127	$169
99215	Established Comprehensive - 40 min	$57	$115	$172	$229
99242	Consultation - 30 min	$32	$63	$95	$126
12345	New Brief Nurse/Non-Covered Service	$14	$27	$41	$54
CONVENIENT CARE - WELLNESS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
99384	New Patient (12 yrs - 17 yrs)	$50	$100	$150	$200
99385	New Patient (18 yrs - 39 yrs)	$52	$104	$155	$207
99386	New Patient (40 yrs - 64 yrs)	$60	$121	$181	$241
99394	Established Patient (12 yrs - 17 yrs)	$43	$86	$128	$171
99395	Established Patient (18 yrs - 39 yrs)	$45	$90	$135	$180
99396	Established Patient (40 yrs - 64 yrs)	$49	$98	$146	$195
99401	Preventive Counseling - 15 min	$14	$28	$42	$56
99402	Preventive Counseling - 30 min	$25	$49	$74	$98
99429	Preventive Medicine Service	$25	$50	$75	$100

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

CONVENIENT CARE - OFFICE PROCEDURES					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
58300	(*) IUD Insertion	$28	$55	$83	$110
58301	IUD Removal	$200	$200	$200	$200
56501	Wart Rx, Vulva (simple)	$46	$93	$139	$185
56515	Wart Rx, Vulva (extensive, Chem/Cryo)	$56	$113	$169	$225
54050	Wart Rx, Male (simple)	$48	$95	$143	$190
54065	Wart Rx, Male (extensive, Chem/Cryo)	$75	$150	$225	$300
10120	Removal Foreign Body	$48	$96	$144	$192
69210	Cerum Removal (1 or both ears)	$19	$38	$57	$76
56605	(*) Vulvar Biopsy one lesion	$32	$64	$95	$127
56606	(*) Each Separate lesion	$15	$29	$44	$58
11400	Excision Benign lesion .5cm or <	$46	$92	$138	$184
11401	Excision Benign lesion .6-1cm	$50	$100	$150	$200
12001	Repair Simple < -2.5cm trunk, extremeties, genitalia	$33	$66	$99	$132
12002	Repair Simple 2.5 - 7.5cm trunk, extremeties, genitalia	$40	$81	$121	$161
11200	(*) Skin Tag Removal 1-15	$26	$53	$79	$105
11201	(*) Skin Tag Removal each additional 1-10	$6	$13	$19	$25

Notes: (*) Does not include surgical tray CPT A4550 = $40

(*) Does not include surgical tray WHC 99070 = $30

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FAMILY HEALTH SERVICES

CONVENIENT CARE - OFFICE PROCEDURES (continued)					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
57455	(*) Cervical Colposcopy with Biopsy	$56	$113	$169	$225
57454	(*) Cervical Colposcopy with Biopsy and Endocervical Curettage	$62	$123	$185	$246
57452	Cervical Colposcopy, no Biopsy	$44	$88	$132	$176
57500	Biopsy Cervix or Local Excision of Lesion	$50	$100	$149	$199
58100	(*) Endometrial Biopsy	$43	$86	$129	$172
58110	(*) Endometrial Biopsy w/Colpo	$19	$38	$56	$75
17000	Cryo 1st Lesion + Chem/Cryo (skin tag)	$20	$40	$60	$80
17003	Cryo 2-14 Lesion + Chem/Cryo (skin tag)	$3	$5	$8	$10
17004	Cryo 15 > Lesion + Chem/Cryo (skin tag)	$45	$90	$135	$180
56420	Bartholin's Gland Cyst - I&D with drain insertion	$24	$48	$71	$95
10060	Bartholin's Gland Cyst - I&D without drain insertion	$47	$94	$141	$188
11100	Skin Lesion Punch Biopsy	$33	$65	$98	$130
11765	Toenail Removal - Partial	$50	$100	$150	$200
11730	Toenail Removal - Complete	$42	$84	$125	$167
99070	Surgical Tray WHC	$8	$15	$23	$30
A4550	Surgical Tray	$10	$20	$30	$40
11976	Implanon Removal	$50	$100	$150	$200
11981	Insertion of Nexplanon (does not include implant)	$49	$98	$146	$195
11982	Removal of Nexplanon	$50	$100	$150	$200
11983	Removal & Insertion of Nexplanon	$75	$150	$225	$300
57170	Diaphragm/Cervical Cap Fitting	$44	$88	$132	$176

Notes: (*) Does not include surgical tray CPT A4550 = $40
(*) Does not include surgical tray WHC 99070 = $30

FEE SCHEDULE - FY 2017
FAMILY HEALTH SERVICES

CONVENIENT CARE - LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
87801	**CT/GC ThinPrep (87491/87591)**				$0
99001	Handling/Collection	$12	$23	$35	$46
87801	**CT/GC Vaginal swab (87491/87591)**				$0
99001	Handling/Collection	$12	$23	$35	$46
87801	**CT/GC Combo (87491/87591)**				$0
99001	Handling/Collection	$12	$23	$35	$46
86592	**Syphilis RPR**				$0
99001	Handling/Collection	$8	$16	$24	$32
36415	Venipuncture	$4	$9	$13	$17
88142	**Thin Prep**				$0
99001	Handling/Collection	$11	$22	$33	$44
87389	**HIV Gen 4 blood**				$0
99001	Handling/Collection	$12	$24	$36	$48
36415	Venipuncture	$4	$9	$13	$17
87624	**HPV by Thin Prep liquid**				$0
99001	Handling/Collection	$11	$23	$34	$45
88305	**Simple Tissue BX TVL**				$0
99001	Handling/Collection	$23	$45	$68	$90
88307	**Complex Tissue BX TVL**				$0
99001	Handling/Collection	$89	$177	$266	$354
87801	**CT/GC Rectum (87491/87591)**				$0
99001	Handling/Collection	$12	$23	$35	$46
87801	**CT/GC Throat (87491/87591)**				$0
99001	Handling/Collection	$12	$23	$35	$46
85652	**Sed Rate TVL**				$0
99001	Handling/Collection	$3	$5	$8	$10
80048	**Basic Metabolic Panel**				$0
99001	Handling/Collection	$8	$17	$25	$33
36415	Venipuncture	$4	$9	$13	$17
86140	**C Reactive Protein**				$0
99001	Handling/Collection	$5	$10	$15	$20
36415	Venipuncture	$4	$9	$13	$17

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FAMILY HEALTH SERVICES

CONVENIENT CARE - LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
80053	**Comprehensive Metabolic Panel**				$0
99001	Handling/Collection	$10	$20	$30	$40
36415	Venipuncture	$4	$9	$13	$17
87070	**Culture Aerobic Wound**				$0
99001	Handling/Collection	$9	$18	$26	$35
87252	**Culture Herpes**				$0
99001	Handling/Collection	$30	$60	$90	$120
36415	Venipuncture	$4	$9	$13	$17
87273	**Culture Herpes Type II w/rfx typing**				$0
99001	Handling/Collection	$23	$46	$69	$92
36415	Venipuncture	$4	$9	$13	$17
87274	**Culture Herpes Type 1 w/rfx typing**				$0
99001	Handling/Collection	$8	$15	$23	$30
36415	Venipuncture	$4	$9	$13	$17
82670	**Estradiol**				$0
99001	Handling/Collection	$9	$18	$26	$35
36415	Venipuncture	$4	$9	$13	$17
82728	**Ferritin**				$0
99001	Handling/Collection	$6	$12	$18	$24
36415	Venipuncture	$4	$9	$13	$17
83001	**FSH Gonadotropin**				$0
99001	Handling/Collection	$10	$15	$20	$25
36415	Venipuncture	$4	$9	$13	$17
83002	**LH Lutenizing Hormone**				$0
99001	Handling/Collection	$10	$15	$20	$25
36415	Venipuncture	$4	$9	$13	$17
82947	**Glucose**				$0
99001	Handling/Collection	$2	$4	$6	$8
36415	Venipuncture	$4	$9	$13	$17
86709	**HEP A Antibody Total**				$0
99001	Handling/Collection	$10	$20	$30	$40
36415	Venipuncture	$4	$9	$13	$17
86708	**HEP A IGM Antibody**				$0
99001	Handling/Collection	$11	$21	$32	$42
36415	Venipuncture	$4	$9	$13	$17

FEE SCHEDULE - FY 2017
FAMILY HEALTH SERVICES

CONVENIENT CARE - LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
86704	**HEP B Core AB Total**				$0
99001	Handling/Collection	$13	$25	$38	$50
36415	Venipuncture	$4	$9	$13	$17
86706	**HEP B Surface Antibody (Qual)**				$0
99001	Handling/Collection	$10	$20	$30	$40
36415	Venipuncture	$4	$9	$13	$17
87340	**HEP B Surface antigen**				$0
99001	Handling/Collection	$10	$20	$30	$40
36415	Venipuncture	$4	$9	$13	$17
87522	**HCV RNA, Quantitative PCR TVL**				$0
99001	Handling/Collection	$95	$190	$285	$380
36415	Venipuncture	$4	$9	$13	$17
86803	**HEP C (AB)**				$0
99001	Handling/Collection	$14	$28	$41	$55
36415	Venipuncture	$4	$9	$13	$17
81025	**hCG serum pregnancy test**				$0
99001	Handling/Collection	$6	$13	$19	$25
36415	Venipuncture	$4	$9	$13	$17
84703	**hCG urine pregnancy test (inhouse pos/neg)**	$5	$10	$15	$20
99001	Handling/Collection	$10	$20	$30	$40
83036	**A1C Hgb**				$0
99001	Handling/Collection	$3	$5	$8	$10
36415	Venipuncture	$4	$9	$13	$17
80074	**Hepatitis Panel Acute (86340,86705,86803)**				$0
99001	Handling/Collection	$45	$90	$135	$180
36415	Venipuncture	$4	$9	$13	$17
87338	**H Pylori Antigen Stool TVL**				$0
99001	Handling/Collection	$15	$30	$45	$60
83540	**Iron & TIBC (83550,85018)**				$0
99001	Handling/Collection	$6	$13	$19	$25
36415	Venipuncture	$4	$9	$13	$17
80061	**Lipid Panel (82465,83718,84478,84999)**				$0
99001	Handling/Collection	$4	$8	$11	$15
36415	Venipuncture	$4	$9	$13	$17

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FAMILY HEALTH SERVICES

CONVENIENT CARE - LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
85018	**Hemoglobin HCT/HGB (Inhouse)**	$3	$5	$8	$10
36416	Finger Stick	$4	$8	$13	$15
80076	**Hepatic Function Profile**				$0
99001	Handling/Collection	$5	$10	$15	$20
36415	Venipuncture	$4	$9	$13	$17
86735	**Mumps Panel Antibody MMR (86762,86765)**				$0
99001	Handling/Collection	$9	$18	$26	$35
36415	Venipuncture	$4	$9	$13	$17
86308	**Heterphile antibody (mono)**				$0
99001	Handling/Collection	$3	$5	$8	$10
36415	Venipuncture	$4	$9	$13	$17
86689	**HIV confirmatory multispot (86702)**				$0
99001	Handling/Collection	$8	$15	$23	$30
36415	Venipuncture	$4	$9	$13	$17
84146	**Prolactin**				$0
99001	Handling/Collection	$7	$13	$20	$26
36415	Venipuncture	$4	$9	$13	$17
84153	**PSA**				$0
99001	Handling/Collection	$9	$18	$27	$36
36415	Venipuncture	$4	$9	$13	$17
86480	**TB Qantiferon TB test TVL**				$0
99001	Handling/Collection	$19	$38	$56	$75
36415	Venipuncture	$4	$9	$13	$17
86431	**Rheumatoid Factor**				$0
99001	Handling/Collection	$7	$14	$21	$28
36415	Venipuncture	$4	$9	$13	$17
84480	**T3 Total**				$0
99001	Handling/Collection	$7	$14	$20	$27
36415	Venipuncture	$4	$9	$13	$17
84439	**T4 Free**				$0
99001	Handling/Collection	$4	$8	$12	$16
36415	Venipuncture	$4	$9	$13	$17
86708	**HEP ABC 87340,86704,86803,86709,86705**				$0
99001	Handling/Collection	$9	$18	$26	$35
36415	Venipuncture	$4	$9	$13	$17

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FAMILY HEALTH SERVICES

CONVENIENT CARE - LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
84436	**T4**				$0
99001	Handling/Collection	$9	$17	$26	$34
36415	Venipuncture	$4	$9	$13	$17
84443	**Thyroid eval TSH Reflex Free T4**				$0
99001	Handling/Collection	$9	$18	$27	$36
36415	Venipuncture	$4	$9	$13	$17
86787	**Varicella IgM**				$0
99001	Handling/Collection	$14	$28	$42	$56
36415	Venipuncture	$4	$9	$13	$17
84403	**Testosterone Total**				$0
99001	Handling/Collection	$8	$15	$23	$30
36415	Venipuncture	$4	$9	$13	$17
82306	**Vitamin D**				$0
99001	Handling/Collection	$12	$24	$36	$48
36415	Venipuncture	$4	$9	$13	$17
85025	**CBC w/ differential**				$0
99001	Handling/Collection	$8	$15	$23	$30
36415	Venipuncture	$4	$9	$13	$17
86301	**CA 125**				$0
99001	Handling/Collection	$16	$32	$48	$64
36415	Venipuncture	$4	$9	$13	$17
86038	**ANA Panel (RA)**				$0
99001	Handling/Collection	$7	$14	$21	$28
36415	Venipuncture	$4	$9	$13	$17
87661	**Trichomonas Amplified Probe (urine,swab,PAP)**				$0
99001	Handling/Collection	$25	$50	$75	$100
86694	**HSV Igm**				$0
99001	Handling/Collection	$40	$80	$120	$160
36415	Venipuncture	$4	$9	$13	$17
83525	**Insulin**				$0
99001	Handling/Collection	$2	$5	$7	$9
36415	Venipuncture	$4	$9	$13	$17

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FAMILY HEALTH SERVICES

CONVENIENT CARE - LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
86695	**HSV 1 Ab Igg (86646) Herpes Typing IgG**				$0
99001	Handling/Collection	$50	$100	$150	$200
36415	Venipuncture	$4	$9	$13	$17
86696	**HSV 2 Ab Igg**				$0
99001	Handling/Collection	$6	$13	$19	$25
36415	Venipuncture	$4	$9	$13	$17
87086	**Culture Urine C&S of Isolates**				$0
99001	Handling/Collection	$39	$74	$111	$148
82043	**Microalbumin**				$0
99001	Handling/Collection	$6	$12	$18	$24
36415	Venipuncture	$4	$9	$13	$17
82150	**Amylase**				$0
99001	Handling/Collection	$4	$8	$12	$16
36415	Venipuncture	$4	$9	$13	$17
84144	**Progesterone**				$0
99001	Handling/Collection	$9	$18	$27	$36
36415	Venipuncture	$4	$9	$13	$17
86308	**Monotest**				$0
99001	Handling/Collection	$9	$18	$27	$36
36415	Venipuncture	$4	$9	$13	$17
36416	Finger Stick	$4	$8	$11	$15
88141	Pathology Review (MD)	$13	$25	$38	$50
86780	**Syphilis TPPA TVL**				$0
99001	Handling/Collection	$13	$26	$39	$52
36415	Venipuncture	$4	$9	$13	$17
82607	**B12**				$0
99001	Handling/Collection	$10	$15	$20	$25
36415	Venipuncture	$4	$9	$13	$17
85651	**Arthritis Profile 86431,84550,83520**				$0
99001	Handling/Collection	$5	$10	$15	$20
36415	Venipuncture	$4	$9	$13	$17

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

CONVENIENT CARE - LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
80053	**Comp,Lipid,TSH 80053,80061,84443**				$0
99001	Handling/Collection	$3	$6	$9	$12
36415	Venipuncture	$4	$9	$13	$17
84443	**Lipid,TSH 80053,84443**				$0
99001	Handling/Collection	$3	$6	$9	$12
36415	Venipuncture	$4	$9	$13	$17
80061	**Comp, Lipid 80053,80061**				$0
99001	Handling/Collection	$2	$4	$6	$8
36415	Venipuncture	$4	$9	$13	$17
85027	**Hemogram w/plat Not CBC**				$0
99001	Handling/Collection	$1	$2	$2	$3
36415	Venipuncture	$4	$9	$13	$17
86695	**HSVGB 86696,86694**				$0
99001	Handling/Collection	$6	$11	$17	$22
36415	Venipuncture	$4	$9	$13	$17

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

CONVENIENT CARE - LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
82962	Glucose Finger Stick	$3	$5	$8	$10
83036	A1C Inhouse	$5	$9	$14	$18
85018	*Hgb (Hemoglobin)	$3	$5	$8	$10
82270	Seracult	$4	$8	$11	$15
81002	Urine Micro/Dipstick	$5	$10	$15	$20
83986	pH Test Tape	$4	$7	$11	$14
87210	Wet Mount (KOH)	$5	$9	$14	$18
87430	Quick Strep	$9	$18	$26	$35
86710	Quick Flu	$10	$21	$31	$41
86703	HIV1/HIV2 Rapid Result Antibody	$8	$15	$23	$30
81025	Pregnancy test	$6	$13	$19	$25
86780	Syphillis Rapid Test	$8	$15	$23	$30
87660	Trichomonas Rapid Test	$6	$13	$19	$25
87389	HIV Gen 4 blood Rapid (Alere)	$8	$15	$23	$30

* Collection by finger

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

CONVENIENT CARE - MEDICATIONS & SUPPLIES					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
J7297	Liletta	$150	$300	$450	$600
J0133	Acyclovir #15	$10			
J0133	Acyclovir #30	$16			
J0133	Acyclovir #60	$23			
J0133	Acyclovir #90	$29			
Q0144	Azithromycin 250 mg 4	$2			
J0561	Bicillin LA (1.2units/tubex) dose 2.4units/2	$18			
J0744	Ciproflozacin P.O. #1	$12			
A4364	Dermabond Topical Skin Adhesive any type	$47			
J3490	Doxycycline 100 mg #14	$7			
J3490	Doxycycline 100 mg #28	$13			
J1815	Lantus Insulin	$5			
J2001	Lidocaine cc	$2			
S0020	Marcaine .25%	$4			
J3490	Metrogel Vaginal Gel 0.75% 70g	$5			
S0030	Metronidazole #4 500 mg	$6			
S0030	Metronidazole #14 500 mg	$14			
S0030	Metronidazole #28 250 mg	$17			
J3490	Premarin Vaginal Cream 30g	$5			
J0696	Rocephin 125 mg IM + injection	$10			
J0696	Rocephin 250 mg IM + injection	$10			
J0696	Rocephin 1 GM	$23			
J8499	TMP/SMX #6	$10			
J1050	Depo	$60			
96372	Injection	$30			

FEE SCHEDULE
FAMILY HEALTH SERVICES
FAMILY PLANNING SLIDING FEE SCALE - Based on 2017 HHS Poverty Guidelines

MONTHLY GROSS INCOME						
Category:	**A**	**B**	**C**	**D**	**E**	**F**
Charges:	**0% of fee**	**20% of fee**	**40% of fee**	**60% of fee**	**80% of fee**	**100% of fee**
Family Size:						
1	$0 - $1,005	$1,006 - $1,377	$1,378 - $1,759	$1,760 - $2,141	$2,142 - $2,513	$2,514 - & over
2	$0 - $1,353	$1,354 - $1,854	$1,855 - $2,368	$2,369 - $2,882	$2,883 - $3,383	$3,384 - & over
3	$0 - $1,702	$1,703 - $2,332	$2,333 - $2,979	$2,980 - $3,625	$3,626 - $4,255	$4,256 - & over
4	$0 - $2,050	$2,051 - $2,809	$2,810 - $3,588	$3,589 - $4,367	$4,368 - $5,125	$5,126 - & over
5	$0 - $2,398	$2,399 - $3,285	$3,286 -$4,197	$4,198 - $5,108	$5,109 - $5,995	$5,996 - & over
6	$0 - $2,747	$2,748 - $3,763	$3,764 - $4,807	$4,808 - $5,851	$5,852 - $6,868	$6,869 - & over
7	$0 - $3,095	$3,096 - $4,240	$4,241 - $5,416	$5,417 - $6,592	$6,593 - $7,738	$7,739 - & over
8	$0 - $3,443	$3,444 - $4,717	$4,718 - $6,025	$6,026 - $7,334	$7,335 - $8,608	$8,609 - & over
For family units with more than 8 members, add $348 for each additional member.						

ANNUAL GROSS INCOME						
Category:	**A**	**B**	**C**	**D**	**E**	**F**
Charges:	**0% of fee**	**20% of fee**	**40% of fee**	**60% of fee**	**80% of fee**	**100% of fee**
Family Size:						
1	$0 -$12,060	$12,061-$16,522	$16,523-$21,105	$21,106-$25,688	$25,689-$30,150	$30,151 - & over
2	$0 -$16,240	$16,241-$22,249	$22,250-$28,420	$28,421-$34,591	$34,592-$40,600	$40,601 - & over
3	$0 -$20,420	$20,421-$27,975	$27,976-$35,735	$35,736-$43,495	$43,496-$51,050	$51,051 - & over
4	$0 - $24,600	$24,601-$33,702	$33,703-$43,050	$43,051-$52,398	$52,399-$61,500	$61,501 - & over
5	$0 -$28,780	$28,781-$39,429	$39,430-$50,365	$50,366-$61,301	$61,302-$71,950	$71,951 - & over
6	$0 - $32,960	$32,961-$45,155	$45,156-$57,680	$57,681-$70,205	$70,206-$82,400	$82,401 - & over
7	$0 -$37,140	$37,141-$50,882	$50,883-$64,995	$64,996-$79,108	$79,109-$92,851	$92,852 -& over
8	$0 - $41,320	$41,321-$56,608	$56,609-$72,310	$72,311-$88,013	$88,014-$103,300	$103,301 - & over
For family units with more than 8 members, add $4,180 for each additional member.						

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

FAMILY PLANNING - OFFICE VISITS (TITLE X)							
CPT Code	Service Description	A 0%	B 20%	C 40%	D 60%	E 80%	F 100%
99201	New Patient - 10 min	$0	$14	$27	$41	$54	$68
99202	New Expanded - 20 min	$0	$23	$46	$70	$93	$116
99203	New Detailed - 30 min	$0	$33	$66	$100	$133	$166
99204	New Comprehensive - 45 min	$0	$40	$80	$120	$160	$200
99211	Established Nurse Visit - 5 min	$0	$6	$12	$18	$24	$30
99212	Established Problem Visit - 10 min	$0	$13	$27	$40	$54	$67
99213	Established Expanded - 15 min	$0	$23	$46	$68	$91	$114
99214	Established Detailed - 25 min	$0	$34	$68	$101	$135	$169
99215	Established Comprehensive - 40 min	$0	$46	$92	$137	$183	$229
99242	Consultation 30 min	$0	$25	$50	$76	$101	$126
12345	New Brief Nurse - Noncovered Service	$0	$11	$22	$32	$43	$54
FAMILY PLANNING - WELLNESS (TITLE X)							
CPT Code	Service Description	A 0%	B 20%	C 40%	D 60%	E 80%	F 100%
99384	New Patient (12 yrs - 17 yrs)	$0	$40	$80	$120	$160	$200
99385	New Patient (18 yrs - 39 yrs)	$0	$41	$83	$124	$166	$207
99386	New Patient (40 yrs - 64 yrs)	$0	$48	$96	$145	$193	$241
99394	Established Patient (12 yrs - 17 yrs)	$0	$34	$68	$103	$137	$171
99395	Established Patient (18 yrs - 39 yrs)	$0	$36	$72	$108	$144	$180
99396	Established Patient (40 yrs - 64 yrs)	$0	$39	$78	$117	$156	$195
99401	Preventive Counseling	$0	$11	$22	$34	$45	$56
99402	Preventive Counseling	$0	$20	$39	$59	$78	$98
99429	Preventive Medicine Services	$0	$20	$40	$60	$80	$100

FEE SCHEDULE - FY 2017

FAMILY HEALTH SERVICES

FAMILY PLANNING - OFFICE PROCEDURES (TITLE X)							
CPT Code	Service Description	A 0%	B 20%	C 40%	D 60%	E 80%	F 100%
96372	Injection	$0	$6	$12	$18	$24	$30
58300	IUD Insert	$0	$22	$44	$66	$88	$110
58301	IUD Removal	$0	$40	$80	$120	$160	$200
11981	Insertion of Nexplanon	$0	$39	$78	$117	$156	$195
11982	Removal of Nexplanon	$0	$40	$80	$120	$160	$200
11983	Removal & Insertion of Nexplanon	$0	$60	$120	$180	$240	$300
11976	Implanon Removal	$0	$40	$80	$120	$160	$200
FAMILY PLANNING - LABS (TITLE X)							
CPT Code	Service Description	A 0%	B 20%	C 40%	D 60%	E 80%	F 100%
87389	HIV Rapid Test	$0	$6	$12	$18	$24	$30
87210	Wet Mount (KOH)	$0	$4	$7	$11	$14	$18
81025	Pregnancy Test	$0	$5	$10	$15	$20	$25
82270	Seracult	$0	$3	$6	$9	$12	$15
85018	Hgb (Hemoglobin)	$0	$2	$4	$6	$8	$10
81002	Urine Micro/Dipstick	$0	$4	$8	$12	$16	$20
83986	pH Test Tape	$0	$3	$6	$8	$11	$14
88142	Thin Prep	$0	$0	$0	$0	$0	$0
99001	Handling/Collection	$0	$2	$4	$6	$8	$10
87491	CT/GC	$0	$0	$0	$0	$0	$0
99001	Handling/Collection	$0	$2	$4	$6	$8	$10
87624	HPV Thinprep liquid	$0	$0	$0	$0	$0	$0
99001	Handling/Collection	$0	$9	$18	$27	$36	$45
36415	Venipuncture	$0	$3	$7	$10	$14	$17
36416	Collection Finger Stick	$0	$3	$6	$9	$12	$15
82962	Glucose Finger Stick	$0	$2	$4	$6	$8	$10
FAMILY PLANNING - MEDICATIONS & SUPPLIES (TITLE X)							
CPT Code	Service Description	A 0%	B 20%	C 40%	D 60%	E 80%	F 100%
J1050	DEPO	$0	$12	$24	$36	$48	$60
J7300	IUD Paragard	$0	$148	$296	$443	$591	$739
J7298	IUD Mirena	$0	$162	$324	$486	$648	$810
J7297	IUD Liletta	$0	$120	$240	$360	$480	$600
J3490	Plan B	$0	$2	$4	$7	$9	$11
J7303	Nuva Ring	$0	$20	$40	$60	$80	$100
J7307	Nexplanon	$0	$155	$310	$465	$620	$775
S4993	Oral Contraceptive	$0	$2	$3	$5	$6	$8

FEE SCHEDULE
FAMILY HEALTH SERVICES
FAMILY PLANNING SLIDING FEE SCALE - Based on 2017 HHS Poverty Guidelines

MONTHLY GROSS INCOME						
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Charges:	**0% of fee**	**20% of fee**	**40% of fee**	**60% of fee**	**80% of fee**	**100% of fee**
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2	$0 - $1,353	$1,354 - $1,854	$1,855 - $2,368	$2,369 - $2,882	$2,883 - $3,383	$3,384 - & over
3	$0 - $1,702	$1,703 - $2,332	$2,333 - $2,979	$2,980 - $3,625	$3,626 - $4,255	$4,256 - & over
4	$0 - $2,050	$2,051 - $2,809	$2,810 - $3,588	$3,589 - $4,367	$4,368 - $5,125	$5,126 - & over
5	$0 - $2,398	$2,399 - $3,285	$3,286 -$4,197	$4,198 - $5,108	$5,109 - $5,995	$5,996 - & over
6	$0 - $2,747	$2,748 - $3,763	$3,764 - $4,807	$4,808 - $5,851	$5,852 - $6,868	$6,869 - & over
7	$0 - $3,095	$3,096 - $4,240	$4,241 - $5,416	$5,417 - $6,592	$6,593 - $7,738	$7,739 - & over
8	$0 - $3,443	$3,444 - $4,717	$4,718 - $6,025	$6,026 - $7,334	$7,335 - $8,608	$8,609 - & over
For family units with more than 8 members, add $348 for each additional member.						

ANNUAL GROSS INCOME						
Category:	**A**	**B**	**C**	**D**	**E**	**F**
Charges:	**0% of fee**	**20% of fee**	**40% of fee**	**60% of fee**	**80% of fee**	**100% of fee**
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2	$0 -$16,240	$16,241-$22,249	$22,250-$28,420	$28,421-$34,591	$34,592-$40,600	$40,601 - & over
3	$0 -$20,420	$20,421-$27,975	$27,976-$35,735	$35,736-$43,495	$43,496-$51,050	$51,051 - & over
4	$0 - $24,600	$24,601-$33,702	$33,703-$43,050	$43,051-$52,398	$52,399-$61,500	$61,501 - & over
5	$0 -$28,780	$28,781-$39,429	$39,430-$50,365	$50,366-$61,301	$61,302-$71,950	$71,951 - & over
6	$0 - $32,960	$32,961-$45,155	$45,156-$57,680	$57,681-$70,205	$70,206-$82,400	$82,401 - & over
7	$0 -$37,140	$37,141-$50,882	$50,883-$64,995	$64,996-$79,108	$79,109-$92,851	$92,852 -& over
8	$0 - $41,320	$41,321-$56,608	$56,609-$72,310	$72,311-$88,013	$88,014-$103,300	$103,301 - & over
For family units with more than 8 members, add $4,180 for each additional member.						