



FEES IN THE DEPARTMENT OF HEALTH

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
STAFF: RUSSELL FRANSEN

ISSUE BRIEF

SUMMARY

In accordance with [UCA 63J-1-504](#), requiring the agency to “submit its fee schedule . . . to the Legislature for its approval on an annual basis,” the following fees (included in this brief) are proposed for the services of the Department of Health in FY 2021. These fees will generate revenue of approximately \$24,400,000 in FY 2021 if all fees are used. This represents less than 1% of all the estimated funding for the Department of Health for FY 2021. The Analyst recommends that the Subcommittee approve these proposed fees.

LEGISLATIVE ACTION

The Fiscal Analyst recommends the Subcommittee, after review and any adjustments, adopt the fee schedule that begins on page eight. [UCA 63J-1-504](#) states, “the Legislature may approve, increase or decrease and approve, or reject any fee.”

DISCUSSION AND ANALYSIS

Statutory Guidance for Setting Fees

[UCA 63J-1-504](#) states the following for setting fees:

“(2) Each fee agency shall adopt a schedule of fees assessed for services provided by the fee agency that are:

- (a) reasonable, fair, and reflect the cost of services provided; and
- (b) established according to a cost formula determined by the executive director of the Governor's Office of Management and Budget and the director of the Division of Finance in conjunction with the agency seeking to establish the fee.”

“(4) Each fee agency that is proposing a new fee or proposing to change a fee shall:

- (a) present each proposed fee at a public hearing”

The Department held public hearings on its proposed fees on September 24 and October 9, 2019. On September 24, 2019 13 Health Department employees and 18 members of the public attended the hearing on medical cannabis fees. The Department of Health provided a summary of public comments received at the hearing, see pages 4 to 7. On October 9, 2019 22 Health Department employees and one member of the public attended the hearing on general agency fees.

Where Does the Department of Health's Fee Revenue Come From?

The Department of Health estimates total revenue of \$24.4 million for FY 2021 from 1,051 fees. The following 15 fees make up 62% of all the estimated revenue:

1. Newborn screening, laboratory testing and follow-up services (\$118.00) - \$5.8 million to test for 41 diseases in 49,500 newborns and to follow up on positive test results. For more information about the newborn screening program, please see the *Budget Deep-Dive into Newborn Screening Programs* available at <https://le.utah.gov/interim/2017/pdf/00002831.pdf>.
2. Quarterly Premium for Plan C for the Children's Health Insurance Program (\$75.00) - \$1.7 million paid by households with incomes from 150% to 200% of the federal poverty limit to have their 22,700 children receive medical insurance

3. Review and authorize cremation (\$150.00) - \$1.3 million for the Medical Examiner to allow 8,800 cremations
4. Background state public safety checks for workers in sensitive industries (\$33.25) - \$1.3 million from 38,300 workers
5. Chlamydia trachomatis and Neisseria gonorrhoeae detection by nucleic acid test (\$23.00) - \$1.0 million for about 41,900 tests
6. Initial copies of birth certificates (\$22.00) - \$0.9 million for 42,800 copies
7. Medical cannabis' uniform transaction fee (\$3.00) - \$0.8 million from 279,800 transactions
8. Background checks for workers in health care facilities, emergency medical services, and child care (\$18.00) - \$0.4 million from 22,500 workers
9. Single tooth extraction (\$123.00) - \$0.4 million for 3,200 extractions at the State's dental clinics
10. Medical cannabis' home delivery urban license (\$69,500.00) - \$0.3 million for four licenses
11. Background checks for child care workers (\$18.00) - \$0.3 million from 15,200 workers
12. Two surface amalgam (\$133.00) - \$0.3 million for 2,000 dental fillings at the State's dental clinics
13. Medical cannabis' patient registration renewal every six months (\$15.00) - \$0.3 million for 16,900 renewals
14. Sealant (\$47.00) - \$0.2 million for 4,800 sealants at the State's dental clinics
15. Medical cannabis' home delivery rural license (\$52,500.00) - \$0.2 million for four licenses

The first six fees make up nearly 50% of all the estimated revenue from fees. For more information on all of the fees in the Department of Health, please see the interactive tool created by Thomas Young, Office of the Legislative Fiscal Analyst:

<https://public.tableau.com/profile/teyoung7617#!/vizhome/FeesJan232019/Dashboard1>.

Finance's "Revenues – Cost Formula for Fees" (revised May, 1, 2010), Finance Accounting Policies and Procedures 07-10.00, states "agencies should include direct and indirect costs in their formula." The fees in the Division of Disease Control and Prevention contribute approximately 15% revenues to indirect costs. The following fees helped to cover some indirect administrative costs: medical cannabis, quarterly premium for plan C for the Children's Health Insurance Program, newborn screening - laboratory testing and follow-up services, and review and authorize cremation.

Fee Increases/Changes

Overall, the estimated revenue from fees is increasing \$2.8 million over FY 2021 (see <https://le.utah.gov/interim/2019/pdf/00001729.pdf>) with medical cannabis accounting for \$2.2 million of the increase. Below are the top five largest projected revenue increases due to changes in the fee charged:

Top Five Fee Revenue Increases

1. Medical cannabis' uniform transaction fee - \$0.8 million from a new \$3 fee on 279,800 transactions
2. Medical cannabis' home delivery urban license - \$0.3 million from a new \$69,500 fee for four licenses
3. Medical cannabis' patient registration renewal every six months - \$0.3 million from a \$15.00 new fee for 16,900 renewals
4. Medical cannabis' home delivery rural license - \$0.2 million from a new \$52,500 fee for four licenses
5. Medical cannabis' pharmacy urban license - \$0.2 million from a new \$67,000 fee for three licenses

How Do Some of the Department of Health's Fees Compare to Neighboring States?

Below is how some of the State of Utah's proposed fees with larger revenues compared to other neighboring states' 2019 fees (for those fees that are most easily comparable to other states):

<u>Fee Name</u>	<u>Utah</u>	<u>Average Neighbors</u>	<u>Idaho</u>	<u>Wyoming</u>	<u>Colorado</u>	<u>Nevada</u>	<u>Arizona</u>	<u>New Mexico</u>
Newborn Screening, Laboratory Testing/Includes Follow-up	\$ 118	\$ 103	\$ 100	\$ 84	\$ 111	\$ 81	\$ 101	\$ 138
Birth Certificate, initial copy	\$ 22	\$ 18	\$ 16	\$ 20	\$ 20	\$ 20	\$ 20	\$ 10
Birth Certificate, Additional Copies	\$ 10	\$ 17	\$ 16	\$ 20	\$ 13	\$ 20	\$ 20	\$ 10
Birth Certificate From Adoptions	\$ 60	\$ 34	\$ 36	\$ 45	\$ 40	\$ 40	\$ 30	\$ 10
Child Care Workers Background Checks	\$ 51	\$ 51	\$ 65	\$ 39	\$ 50	\$ 40	\$ 67	\$ 44

Note: Fees for other states researched and reported by Kate Bradford, research analyst, with the National Conference of State Legislatures on September 23, 2019.

Medical Cannabis Public Fee Hearing

September 24, 2019

Speaker: Rich Oborn

Additional comments may be submitted to medicalcannabis@utah.gov.

Public Comments

- **Laura Cabanilla, Cannabetter** - Not so much a comment as a question. I'm Laura Cabanilla with Cannabetter. We want to apply for a pharmacy license. So I have a question on the patient's cards. So there's a fee for when they initially sign up for the card, \$5 fee for renewal and every 6 months there will be a \$15 fee. Is this something that patients, so for the initial one I'm assuming that's when they see their doctor that will write them the prescription. Do they have to see their doctor again for the 30 days and every 6 months?

Rich Oborn, UDOH - The law requires that the initial visit be in person. The law does not require that subsequent visits be in person. But there is certainly the option for any provider to request to meet with their patient prior to renewing their card.

- **David Karst, Utah Patient's Coalition** - Hey Rich, thanks for being here today. I'm David Karst, I'm with Utah Patient's Coalition. I just had a question about some of the numbers that you're running on here for the medical patient's cards. You estimate 7,790 patients for the first year and for the fiscal year, the next year, less. Do you include the 7,790 from the previous year? I don't understand why the estimates will be less. I do understand how it relates to the caps on what physicians can write which ends up being really close to that number, but can you explain that to me?

Rich Oborn - An initial rush is expected at the very beginning following a gradual increase. The estimated quantity is limited to new applications that are received for the very first time.

David Karst - \$15 each year to renew that. The 2020 patients will be renewing.

Rich Oborn - Yes, and that's a separate fee.

David Karst - Ok but that's not included in your revenue figures.

Rich Oborn - That is included. The medical cannabis patients that were registered in FY 2020 and renewed are included in the revenue figures.

David Karst - Ok. Is there a number of patients that goes with that number?

Rich Oborn - It's 16,933.

David Karst - Ok that's the number of patients and the revenue is \$254,000, I'm sorry I was looking in the wrong place. Alright thank you very much.

Rich Oborn - It's important to recognize that the 7,790 are first time applicants that we expect to come prior to July 2020. So between March and July of 2020 would be 7,790. Then we get to FY 2021 that begins in July of 2020, we expect first time applicants to reach 6,999 during that entire fiscal year. Keep in mind, this period of FY 2020 is limited to between March and July 2020 and then the fiscal year of 2021 is a full fiscal year of 12 months.

- **Seth Bailey, Origins** - Looking to apply for the pharmacy license. On some of those fees on the first page,

the annual fees for either the urban home delivery or basically any of these annual licensing fees for pharmacies. Have you guys given any consideration to providing some sort of tax benefit for these fees? I'm assuming that right now they're sitting at the operational expense line and just with the 280E Federal Tax it makes the pharmacy effective tax rate extremely high. So I'm just wondering if, you know, this is a big pill to swallow and if there's any way to get that as a kind of tax deduction. Have you guys taken that into consideration?

Rich Oborn - I believe that's something that you could contact a legislator about. That would require a statutory change to get that type of tax exemption and I'm sure that there would be a legislator that would be willing to listen to that proposal from individuals like yourself that are interested in it. Maybe coordination with the Utah Cannabis Association to see if there are more individuals that feel the same way you do about that particular statutory change.

Seth Bailey - Yeah, there's just quite a bit of revenue that needs to be produced to just cover that one fee. Why did you go with fees instead of a sales tax?

Rich Oborn - That was a policy decision that the legislature made and they felt strongly that they didn't want to have the tax of Utah residents. They felt strongly that this program should pay for itself.

Seth Bailey - Just a tax on the product right?

Rich Oborn - Yes, so the law doesn't have a tax but what it does have is the ability for the department to help cover its costs with what is called a transaction fee or a dispensing fee.

Seth Bailey - Sure

Rich Oborn - This is something that Medicaid, overseen by the Department of Health, collects at a different amount but it is a similar type of fee where we're collecting it to cover a portion of the program cost.

Seth Bailey - Ok so this is your only vehicle as a fee-based structure, not necessarily a tax-based structure.

Rich Oborn - That's correct.

- **Russell Frandsen, Legislative Fiscal Analyst (Via Phone)** - In the statute, there is a provision that a qualified medical provider can increase the number of patients that they see by 100 in increments but they have to pay a \$100 fee to do so. I didn't see that on your fee schedule. Am I missing it or is it not there?

Rich Oborn - Ok, that is something that the Department of Commerce, Division of Occupational Professional Licensing will be collecting. That will not be a fee that the Department of Health will collect.

Russell Frandsen - My apologies, that would make sense. The other question is, so just to confirm, and I get that this is just an estimate. The 90 estimate for the pharmacy application fee per region, I was just wondering so is the fee per region or is it per pharmacy? How does that per region work into the 90?

Rich Oborn - So what we're expecting is that we will separate applications by region as they come in. There's going to be four different regions that individuals could apply for. At this point we don't plan to limit the number of applications that an applicant could submit. They could submit multiple applications for multiple locations in an effort to put their eggs in as many baskets as possible. So we are going to charge the fee according to each application which is specific to a location/address that they propose they be licensed to operate a pharmacy at. 90 is the total number of estimated applications and some of those could be multiple applications from the same company.

Russell Frandsen - Ok and I assume the answer is yes but this would also include the potential applicants for the home delivery pharmacies as well?

Rich Oborn - Yes, because a medical cannabis pharmacy can choose to be a home delivery pharmacy so this relates to them as well.

Russell Frandsen - Ok, so the home delivery pharmacy fee, and maybe this is already in the statute, but can a home delivery pharmacy also be a traditional pharmacy, but would they just pay what fees? Or do they have to choose if they are going to be a traditional walk-in pharmacy or a home delivery or in any scenario if they do home delivery they just pay the home delivery fee and that covers both operations?

Rich Oborn - They pay the home delivery fee and that covers both operations.

Russell Frandsen - So a home delivery pharmacy can also be a traditional walk-in pharmacy and the one fee covers both of the functions.

Rich Oborn - Yes, We will not license a pharmacy unless they are a walk in pharmacy at the least. We don't want to license any of the 14 pharmacies unless they are planning on being open to walk in customers that would be able to meet with people in person.

Russell Frandsen - Ok that makes sense. Ok thanks.

- **Chelsea Tavares, CannaBetter** - Hi I'm Chelsea Tavares and I'm also from CannaBetter and will be applying for pharmacy license. Just to clarify on that question one more time sorry. If we are a walk-in pharmacy location and we also would like to offer home delivery services, let's say we are an urban location, if we are a walk-in location and doing home delivery, does the \$69,000 cover both? A moment ago you said that you won't be doing any home delivery pharmacies that don't have a walk-in location so then what would the \$50,000 be?

Rich Oborn - So the \$50,000, that would be for those pharmacies that choose to only do walk-ins customers in rural areas.

Chelsea Tavares - Ok and what if your brick and mortar location, your walk-in location, is in an urban area but because of your proximity to a rural area you will be delivering and offering services to a rural area? Is there a combination or do you just pay the highest one?

Rich Oborn - You pay the urban fee because you're located in an urban location. Your proximity to population in Salt Lake, Davis, Weber, Utah County is higher.

Chelsea Tavares - Will we be allowed to deliver to a rural location if we are an urban pharmacy?

Rich Oborn - Yes. You can define who you're delivering to how you want. You could limit it to only certain areas or you could expand it to the whole state of Utah. The add-on for the home delivery is \$2,500 for urban or rural so regardless of whether you plan to do urban or rural, the addition is \$2,500 to the already existing pharmacy license fee in order to do home delivery.

- **Laura Cabanilla, Cannabetter** - I have one more question on any kind of home delivery. Is there a limitation or a plan for how we charge for that and can we charge the customer?

Rich Oborn - All of the fees that a particular private medical cannabis pharmacy chooses to collect will be entirely determined by them. They will determine their own product fees, delivery fee that they choose to collect to cover the cost of delivery, they could choose to make that delivery fee dependent upon the distance, or they can choose to charge the same fee to everybody.

- **Russell Frandsen, Legislative Fiscal Analyst (Via Phone)** - So, you explained it and I think I understand conception but could you explain just a little bit more about the additional dependent charge? So I have one dependent and I've already gone through the process and there's a \$15 charge to be a caregiver for a second dependent for the electronic card. Could you just explain a little bit more why there is a cost for that?

Rich Oborn - As we were thinking through how to enforce this, a guardian's ability to carry medical cannabis is specific to that patient and that patient only. That card does not transfer to any other product. It is only for the product that is specific to that patient. So in this case, we are issuing 2 separate cards that have narrow scopes. One scope is related to product that it is issued to one particular patient and a second card is specific to the ability to carry a second medical cannabis product for the second patient. So there are 2 separate cards and for that reason we felt like it would be necessary to charge 2 separate fees. There is also some administrative work on our end that is necessary so we are using that fee to cover just a portion of that cost.

Russell Frandsen - Ok that makes sense. If I'm not mistaken, the amounts charged, except for the background check, is the same and so is it an equal amount of work for creating the second card with somebody already in the system?

Rich Oborn - We believe it is. One of the differences in the fee that we charge is the fact that we're not charging the background check fee

Russell Frandsen - But the core amount is the same right? It's \$15 whether you have one or two.

Rich Oborn - Right.

- Meeting ended at 1:50pm but public comment will stay open until 3pm.
- Written/emailed comments will be accepted until next Tuesday at 5pm.
- All comments will be saved and considered when making a final decision.

END

Fees for Dept of Health

There are separate Fee amounts stored for Agencies, GOMB and the LFA.
The amounts listed are the amounts that are furthest through the approval workflow.
Agency (a) >>> GOMB (g) >>> LFA (l) >>> Final (f)

5820

Medical Cannabis

Pharmacy and Medical Provider Fees

Pharmacy

<u>Application (per Region)</u>	\$2,500.00 ¹
<u>License Urban (per Pharmacy)</u> Annual fee.	\$67,000.00 ¹
<u>Home Delivery License Urban (per Pharmacy)</u> Annual fee	\$69,500.00 ¹
<u>License Rural (per Pharmacy)</u> Annual fee	\$50,000.00 ¹
<u>Home Delivery License Rural (per Pharmacy)</u> Annual fee	\$52,500.00 ¹
<u>Owner Background Screening (per Owner/director)</u> This fee should be the same as that charged by the Division of Family Health and Preparedness - Background checks initial or annual renewal (not in Direct Access Clearance System). If the Legislature changes the fee charged by the Division of Family Health and Preparedness, then the Legislature also approves the same change for the Medical Cannabis Program. Fees collected by the Medical Cannabis Program are passed through to the Division of Family Health and Preparedness.	\$18.00 ¹
<u>Owner Background Screening - Dept. of Public Safety (per Owner/director)</u> This fee should be the same as that charged by the Department of Public Safety. If the Legislature changes the fee charged by Department of Public Safety, then the Legislature also approves the same change for the Department of Health. Fees collected by the Medical Cannabis Program are passed through to Public Safety.	\$33.25 ¹
<u>Qualified Medical Provider Registration (Initial) (per Provider)</u>	\$300.00 ¹
<u>Qualified Medical Provider Registration (Renewal) (per Provider)</u> Renewal every 2 years	\$50.00 ¹
<u>Pharmacy Medical Provider/Pharmacist Registration Fee (Initial) (per Provider)</u>	\$150.00 ¹
<u>Pharmacy Medical Provider/Pharmacist Registration Fee (Renewal, every 2 years) (per Provider)</u> Renewal every 2 years	\$50.00 ¹
<u>Pharmacy Agent Registration (Initial or >= 1 Year Expired) (per Agent)</u> This fee contains an amount that should be the same as that charged by the Department of Public Safety. If the Legislature changes the fee charged by Department of Public Safety, then the Legislature also approves the same change for the Department of Health. Fees collected by the Medical Cannabis Program are passed through to Public Safety. This fee contains an amount that should be the same as that charged by the Division of Family Health and Preparedness - Background checks initial or annual renewal (not in Direct Access Clearance System). If the Legislature changes the fee charged by the Division of Family Health and Preparedness, then the Legislature also approves the same change for the Medical Cannabis Program. Fees collected by the Medical Cannabis Program are passed through to the Division of Family Health and Preparedness.	\$100.00 ¹

<u>Pharmacy Agent Registration (Renewal) (per Agent)</u>	\$50.00 ¹
<p>Renewal every 2 years. This fee contains an amount that should be the same as that charged by the Division of Family Health and Preparedness - Background checks initial or annual renewal (not in Direct Access Clearance System). If the Legislature changes the fee charged by the Division of Family Health and Preparedness, then the Legislature also approves the same change for the Medical Cannabis Program. Fees collected by the Medical Cannabis Program are passed through to the Division of Family Health and Preparedness.</p>	
<u>Courier Application (per Courier)</u>	\$125.00 ¹
<u>Courier Owner Background Screening (per Owner/director)</u>	\$18.00 ¹
<p>This fee should be the same as that charged by the Division of Family Health and Preparedness - Background checks initial or annual renewal (not in Direct Access Clearance System). If the Legislature changes the fee charged by the Division of Family Health and Preparedness, then the Legislature also approves the same change for the Medical Cannabis Program. Fees collected by the Medical Cannabis Program are passed through to the Division of Family Health and Preparedness.</p>	
<u>Courier Owner Background Screening - Dept. of Public Safety (per Owner/director)</u>	\$33.25 ¹
<p>This fee should be the same as that charged by the Department of Public Safety. If the Legislature changes the fee charged by Department of Public Safety, then the Legislature also approves the same change for the Department of Health. Fees collected by the Medical Cannabis Program are passed through to Public Safety.</p>	
<u>Courier License (Initial) (per Courier)</u>	\$2,500.00 ¹
<u>Courier License (Renewal) (per Courier)</u> Annual fee after initial license	\$1,000.00 ¹
<u>Courier Agent Registration (Initial or >= 1 Year Expired) (per Agent)</u>	\$100.00 ¹
<p>This fee contains an amount that should be the same as that charged by the Department of Public Safety. If the Legislature changes the fee charged by Department of Public Safety, then the Legislature also approves the same change for the Department of Health. Fees collected by the Medical Cannabis Program are passed through to Public Safety. This fee contains an amount that should be the same as that charged by the Division of Family Health and Preparedness - Background checks initial or annual renewal (not in Direct Access Clearance System). If the Legislature changes the fee charged by the Division of Family Health and Preparedness, then the Legislature also approves the same change for the Medical Cannabis Program. Fees collected by the Medical Cannabis Program are passed through to the Division of Family Health and Preparedness.</p>	
<u>Courier Agent Registration (Renewal) (per Agent)</u>	\$50.00 ¹
<p>Renewal every 2 year. This fee contains an amount that should be the same as that charged by the Division of Family Health and Preparedness - Background checks initial or annual renewal (not in Direct Access Clearance System). If the Legislature changes the fee charged by the Division of Family Health and Preparedness, then the Legislature also approves the same change for the Medical Cannabis Program. Fees collected by the Medical Cannabis Program are passed through to the Division of Family Health and Preparedness.</p>	

Patient Fees

<u>Patient Card (Initial) (per Patient)</u>	\$15.00 ¹
<u>Patient Registration Renewal (30 Days) (per Patient)</u>	\$5.00 ¹
<u>Patient Registration Renewal (6 Month) (per Patient)</u>	\$15.00 ¹
<u>Guardian and Provisional Card (Initial or >= 1 Year Expired) (per Guardian/Patient)</u>	\$66.25 ¹
<p>This fee contains an amount that should be the same as that charged by the Department of Public Safety. If the Legislature changes the fee charged by Department of Public Safety, then the Legislature also approves the same change for the Department of Health. Fees collected by the Medical Cannabis</p>	

Program are passed through to Public Safety. This fee contains an amount that should be the same as that charged by the Division of Family Health and Preparedness - Background checks initial or annual renewal (not in Direct Access Clearance System). If the Legislature changes the fee charged by the Division of Family Health and Preparedness, then the Legislature also approves the same change for the Medical Cannabis Program. Fees collected by the Medical Cannabis Program are passed through to the Division of Family Health and Preparedness.	
<u>Guardian and Provisional Card (30 Days) (per Guardian/Patient)</u>	\$5.00 ¹
<u>Guardian and Provisional Card (6 Month) (per Guardian/Patient)</u> This fee contains an amount that should be the same as that charged by the Division of Family Health and Preparedness - Background checks initial or annual renewal (not in Direct Access Clearance System). If the Legislature changes the fee charged by the Division of Family Health and Preparedness, then the Legislature also approves the same change for the Medical Cannabis Program. Fees collected by the Medical Cannabis Program are passed through to the Division of Family Health and Preparedness.	\$24.00 ¹
<u>Guardian (already background screened as a Guardian) and Provisional Card (Initial) (per Guardian/Patient)</u>	\$15.00 ¹
<u>Guardian (already background screened as a Guardian) and Provisional Card (30 Days) (per Guardian/patient)</u>	\$5.00 ¹
<u>Guardian (already background screened as a Guardian) and Provisional Card (6 Month) (per Guardian/patient)</u>	\$15.00 ¹
<u>Caregiver Registration and Card (Initial or >= 1 Year Expired) (per Caregiver)</u> This fee contains an amount that should be the same as that charged by the Department of Public Safety. If the Legislature changes the fee charged by Department of Public Safety, then the Legislature also approves the same change for the Department of Health. Fees collected by the Medical Cannabis Program are passed through to Public Safety. This fee contains an amount that should be the same as that charged by the Division of Family Health and Preparedness - Background checks initial or annual renewal (not in Direct Access Clearance System). If the Legislature changes the fee charged by the Division of Family Health and Preparedness, then the Legislature also approves the same change for the Medical Cannabis Program. Fees collected by the Medical Cannabis Program are passed through to the Division of Family Health and Preparedness.	\$66.25 ¹
<u>Caregiver Registration and Card (Renewal) (per Caregiver)</u> Renewal date is dependent upon the renewal date of the related patient card. No fee for the first 30-day patient renewal. This fee contains an amount that should be the same as that charged by the Division of Family Health and Preparedness - Background checks initial or annual renewal (not in Direct Access Clearance System). If the Legislature changes the fee charged by the Division of Family Health and Preparedness, then the Legislature also approves the same change for the Medical Cannabis Program. Fees collected by the Medical Cannabis Program are passed through to the Division of Family Health and Preparedness.	\$14.00 ¹
<u>Caregiver (already background screened as a Caregiver) Registration and Card (Initial) (per Caregiver)</u>	\$15.00 ¹
<u>Caregiver Registration (already background screened as a Caregiver) and Card (Renewal) (per Caregiver)</u> Renewal date is dependent upon the renewal date of the related patient card. No fee for the first 30-day patient renewal.	\$5.00 ¹
<u>Uniform Transaction Fee (per Transaction)</u>	\$3.00 ¹

LAA

All the fees in this section apply for the entire Department of Health

<u>Clinic Fees Tied to Medicaid Reimbursement Levels (per Unit)</u>	variable ¹
The Department of Health benchmarks many of its charges in its medical and dental clinics to Medicaid reimbursement rates. If the Legislature authorizes reimbursement increases during the General Session, then the Legislature authorizes a proportional increase in effected clinic fees.	
<u>Conference Registrations (per Unit)</u>	\$100.00 ¹
<u>Non-sufficient Check Collection Fee (per Unit)</u>	\$20.00 ¹
<u>Non-sufficient Check Service Charge (per Unit)</u>	\$20.00 ¹
<i>Specialized Services</i>	
<u>Expedited Shipping Fee (per Unit)</u>	\$15.00 ¹
<i>Testimony</i>	
<u>Expert Testimony Fee for those without a PhD (Doctor of Philosophy) or MD (Medical Doctor) (per hour)</u>	\$78.75 ¹
Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Plus travel costs.	
<u>Expert Testimony Fee for those with a PhD (Doctor of Philosophy) or MD (Medical Doctor) (per hour)</u>	\$250.00 ¹
Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time. Plus travel costs.	
<i>Government Records Access and Management Act (GRAMA)</i>	
<u>Mailing or shipping cost (per Unit)</u>	Actual cost up to a \$100.00 ¹
<i>Staff time for file search and/or information compilation</i>	
<u>Department of Technology Services (per hour)</u>	\$70.00 ¹
For Department of Technology Services or programmer/analyst staff time.	
<u>Department of Health (per hour)</u>	\$35.00 ¹
For Department of Health staff time; first 15 minutes free, additional time.	
<i>Copy</i>	
<u>11 x 8.5 Black and White (per page)</u>	\$0.15 ¹
<u>11x17 or color (per page)</u>	\$0.40 ¹
<u>Information on disk (per kilobyte)</u>	\$0.02 ¹
<u>Administrative Fee, 1-15 copies</u>	\$25.00 ¹
<u>Administrative Fee, each additional copy</u>	\$1.00 ¹
<u>Fax (per page)</u>	\$0.50 ¹

LAE

Data Access Base Fees

Behavioral Risk Factor Surveillance System

<u>Standard Annual Limited Data Set (per Unit)</u>	\$300.00 ¹
This fee is to compensate for staff costs associated with preparation of research data sets and data dictionaries for Behavioral Risk Factor Surveillance System data. Note: The following discounts apply: Local Health Department (100% for any standard annual data set); State Agency, Student or Not for Profit Entity (75% for any standard annual data set); Researcher (50% for any standard annual data set); For Profit Entities pay full amount. Note that entities that have paid to have questions included on the Behavioral Risk Factor Surveillance System are excluded from this fee as their payment includes receipt of data.	

Fee will be \$300.00 for initial dataset. Each additional year dataset will be an additional \$150.00 (50% discount).

Healthcare Facilities Data Series

<u>Fee Discounts - Healthcare Facilities Data Series (per Unit)</u>	Note ¹
<p>(1) The Following Discounts Apply: Local Health Departments (100% for Standard Limited Use or Research Data Sets); Healthcare Facility with <5,000 discharges (80% for Standard Limited Use Data Set); Healthcare Facility with 5,000-35,000 discharges (50% for Standard Limited Use Data Set); Prior Years (50% for any data set); Student (75% for any standard data set); Public University or Not for Profit Entity (50% for any standard data series); Geographic Subset (discount proportional to percent of records required from limited use data set); On-time Renewal (15% for any data series). (2) Pricing for client-based partnership: The per-client fee is to be negotiated with the partner based on the volume and level of data provided to each client, but may not exceed 70% of the actual cost of the data used. (3) Pricing for redistribution agreements: The distributor shall reimburse the state for 70% of the cost of the data covered by the agreement.</p>	
<u>Standard Annual Limited Use Data Set (per Unit)</u>	\$3,600.00 ¹
<u>Standard Annual Research Data set (per Unit)</u>	\$6,000.00 ¹
<u>Quarterly Preliminary Feeds (per Unit)</u>	\$4,500.00 ¹
<u>Federal Annual Database (per Unit)</u>	\$4,500.00 ¹
<u>Enhanced Annual Summary Report (per Unit)</u>	\$500.00 ¹

All Payer Claims Data Standard Limited Use Data Series

<u>Fee Discounts - All Payer Claims Data Standard Limited Use Data Series (per Unit)</u>	Note ¹
<p>Notes: (1) The following discounts apply: Local Health Departments (100% for Standard Limited Use Data Sets); Contributing Carrier (50% for standard limited use data sets); Student (75% for any standard data set); Single Use and Single User License (50% for any standard limited use data set); Geographic Subset (discount proportional to percent of records required from limited use data set); On-time Renewal (15% for any data series). (2) Pricing for client-based partnership: The per-client fee is to be negotiated with the partner based on the volume and level of data provided to each client, but may not exceed 70% of the actual cost of the data used. (3) Pricing for redistribution agreements: The distributor shall reimburse the state for 70% of the cost of the data covered by the agreement.</p>	
<u>Single Year (per Unit)</u>	\$8,000.00 ¹
<u>Two Years (per Unit)</u>	\$12,000.00 ¹
<u>Three Years (per Unit)</u>	\$16,000.00 ¹
<u>Additional Years (per Unit)</u>	\$4,000.00 ¹
<u>Sample File (per Unit)</u>	\$2,000.00 ¹
<u>Two-Year Public Use File (per Unit)</u>	\$4,000.00 ¹

All Payer Claims Data Standard Research Data Series

<u>Fee Discounts - All Payer Claims Data Standard Research Data Series (per Unit)</u>	Note ¹
<p>Note: (1) The following discounts apply: Local Health Departments (100% for any standard Research Data Set); Student (50% for any standard research data set); Single Use and Single User License (50% for any standard research data set); On-time Renewal (15% for any data series); (2) Pricing for redistribution agreements: The distributor shall reimburse the state for 70% of the cost of the data covered by the agreement.</p>	
<u>Single Year (per Unit)</u>	\$20,000.00 ¹
<u>Two Years (per Unit)</u>	\$30,000.00 ¹
<u>Three Years (per Unit)</u>	\$40,000.00 ¹
<u>Additional Years (per Unit)</u>	\$10,000.00 ¹
<u>Special Purpose Series (per Unit)</u>	\$4,000.00 ¹

Other Data Series and Licenses

<u>Fee Discounts - Other Data Series and Licenses (per Unit)</u>	Note ¹
Note: The following discounts apply: Non-Contributing Carrier (50% for CAHPS (Consumer Assessment of Healthcare Providers and Systems) Data Set); Contributing Carrier (75% for CAHPS Data Set); Prior Year (20% for HEDIS (Healthcare Effectiveness Data and Information Set) & CAHPS Data Set); Years before Current and Prior Year (35% for HEDIS & CAHPS Data Set); Student (75% for HEDIS & CAHPS Data Set or Survey Responses); Public University or Not for Profit Entity (35% for HEDIS & CAHPS Data Set or Survey Responses); On-time Renewal (15% for any data series)	
<u>Institutional License (per Unit)</u>	\$150,000.00 ¹
<u>HEDIS (Healthcare Effectiveness Data and Information Set) Data Set (per Unit)</u>	\$1,575.00 ¹
<u>CAHPS (Consumer Assessment of Healthcare Providers and Systems) Data Set (per Unit)</u>	\$1,575.00 ¹
<u>CAHPS (Consumer Assessment of Healthcare Providers and Systems) Survey Responses (per Unit)</u>	\$2,000.00 ¹
<i>Other Fees and Services</i>	
<u>Custom data services (per hour)</u>	\$95.28 ¹
Note: This hourly fee applies to all custom work, including data extraction analytics; aggregate patient-risk profiles for clinics, payers or systems; data management reprocessing; data matching; and creation of samples or subsets.	
<u>Additional Fields to create a custom data set (per field added)</u>	\$225.00 ¹
<u>Individual Information Extract (per person)</u>	\$100.00 ¹
<u>Application Fee (non-refundable) (per Unit)</u>	\$50.00 ¹
Note: application fees are non-refundable but may be credited towards a data fee if the application is approved.	
<u>Convenience Fee (for Credit or Debit Card payment) (per Unit)</u>	3% ¹
<i>Birth Certificate</i>	
<u>Initial Copy</u>	\$22.00 ¹
<u>Stillbirth</u>	\$18.00 ¹
<u>Affidavit</u>	\$25.00 ¹
<u>Book Copy of Birth Certificate</u>	\$25.00 ¹
<u>Adoption</u>	\$60.00 ¹
<i>Death Certificate</i>	
<u>Initial Copy</u>	\$30.00 ¹
The Legislature intends that for every initial copy of a Utah Death Certificate sold, \$12 shall be remitted to the Office of the Medical Examiner.	
<u>Burial Transit Permit</u>	\$7.00 ¹
<u>Disinterment Permit</u>	\$25.00 ¹
<u>Death Certificate Reprint Fee (per Unit)</u>	\$3.00 ¹
<i>Specialized Services</i>	
<u>Additional Copies</u>	\$10.00 ¹
<u>Paternity Search (one hour minimum) (per hour)</u>	\$18.00 ¹
<u>Delayed Registration</u>	\$60.00 ¹
<u>Marriage and Divorce Abstracts</u>	\$18.00 ¹
<u>Legitimation</u>	\$60.00 ¹
<u>Adoption Registry</u>	\$25.00 ¹
<u>Adoption Expedite Fee</u>	\$25.00 ¹
<u>Death Research (one hour minimum) (per hour)</u>	\$20.00 ¹
<u>Death Notification Subscription Fee (organization less than or equal to 100,000 lives) (per Unit)</u>	\$500.00 ¹
<u>Death Notification Subscription Fee (organizations greater than 100,000 lives) (per Unit)</u>	\$1,000.00 ¹
<u>Death Notification Fee (per matched death)</u>	\$1.00 ¹
<u>Court Order Name Changes</u>	\$25.00 ¹

<u>Court Order Paternity</u>	\$60.00 ¹
<u>Online Access to Computerized Vital Records (per month)</u>	\$12.00 ¹
<u>Ad-hoc Statistical Requests (per hour)</u>	\$45.00 ¹
<u>Online Convenience Fee (per Unit)</u>	\$4.00 ¹
<u>Online Identity Verification (per Unit)</u>	\$1.39 ¹
<u>Expedite Fee</u>	\$15.00 ¹
<u>Delay of File Fee (charged for every birth/death certificate registered 30 days or more after the event) (per Unit)</u>	\$50.00 ¹

LAH

Specialized Services

<u>Birth Parent Information Registration (per Unit)</u>	\$25.00 ¹
<u>Adoption Records Access Fee (per Unit)</u>	\$25.00 ¹
<u>Adoption Records Amendment Fee (per Unit)</u>	\$10.00 ¹

LEA

These fees apply for the entire Division of Disease Control and Prevention

Laboratory General

<u>Emergency Waiver (per Unit)</u> Under certain conditions of public health import (e.g., disease outbreak, terrorist event, or environmental catastrophe) fees may be reduced or waived.	\$0.00 ¹
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Handling

<u>Total cost of shipping and testing of referral samples to be rebilled to customer (per Referral lab's invoice)</u>	\$0.00 ¹
<u>Repeat Testing - normal fee will be charged if repeat testing is required due to poor quality sample (per sample, each reanalysis)</u>	\$0.00 ¹

LED

All

<u>Laboratory Testing of Public Health Significance (per Unit)</u> The emergence of diseases and subsequent testing methods are unpredictable. This fee allows Utah Public Health Laboratory to offer a test that is vital to protecting the public as the need arises to help diagnosis and prevent illness.	Actual costs up to \$200 ¹
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Newborn Screening

<u>Newborn Screening, Laboratory Testing and Follow-up Services</u>	\$118.00 ¹
<u>Out of State Newborn Screening (per Unit)</u>	\$116.00 ¹

Chemistry

Admin

<u>Chain of Custody Request Fee (per Unit)</u>	\$20.00 ¹
<u>Rush Fee (per Unit)</u>	\$50.00 ¹

Metals

Standard Metals

<u>Environmental Protection Agency 200.8 Copper and Lead (per Unit)</u>	\$26.40
<u>Standard Method 2330B Langelier Index (per Unit)</u>	\$6.05
<u>Environmental Protection Agency 353.2 Nitrite (per Unit)</u>	\$17.60
<u>Environmental Protection Agency 353.2 Nitrate (per Unit)</u>	\$17.60
<u>Environmental Protection Agency 200.8 - Magnesium (per Unit)</u>	\$13.20
<u>Environmental Protection Agency 200.8 - Iron (per Unit)</u>	\$13.20
<u>Environmental Protection Agency 200.8 - Potassium (per Unit)</u>	\$13.20
<u>Environmental Protection Agency 200.8 - Strontium (per Unit)</u>	\$13.20
<u>Environmental Protection Agency 200.8 Digestion (per Unit)</u>	\$24.20
<u>Environmental Protection Agency 200.8 Tin (per Unit)</u>	\$13.20
<u>Environmental Protection Agency 200.8 Cobalt (per Unit)</u>	\$13.20
<u>Environmental Protection Agency 200.8 Vanadium (per Unit)</u>	\$13.20
<u>Environmental Protection Agency Method 200.8 Zirconium (per Unit)</u>	\$13.20
<u>Mercury 245.1</u> may include a digestion fee	\$27.50
<u>Selenium by Selenium Hydride - Atomic Absorption - Standard Method 3114C</u> may include a digestion fee	\$35.20
<u>Environmental Protection Agency 200.8 Aluminum</u>	\$13.20
<u>Environmental Protection Agency 200.8 Antimony</u>	\$13.20
<u>Environmental Protection Agency 200.8 Arsenic</u>	\$13.20
<u>Environmental Protection Agency 200.8 Barium</u>	\$13.20
<u>Environmental Protection Agency 200.8 Beryllium</u>	\$13.20
<u>Environmental Protection Agency 200.8 Cadmium</u>	\$13.20
<u>Environmental Protection Agency 200.8 Chromium</u>	\$13.20
<u>Environmental Protection Agency 200.8 Copper</u>	\$13.20
<u>Environmental Protection Agency 200.8 Lead</u>	\$13.20
<u>Environmental Protection Agency 200.8 Manganese</u>	\$13.20
<u>Environmental Protection Agency 200.8 Molybdenum</u>	\$13.20
<u>Environmental Protection Agency 200.8 Nickel</u>	\$13.20
<u>Environmental Protection Agency 200.8 Selenium</u>	\$13.20
<u>Environmental Protection Agency 200.8 Silver</u>	\$13.20
<u>Environmental Protection Agency 200.8 Thallium</u>	\$13.20
<u>Environmental Protection Agency 200.8 Zinc</u>	\$13.20
<u>Environmental Protection Agency 200.8 Boron</u>	\$13.20
<u>Environmental Protection Agency 200.8 Calcium</u>	\$13.20
<u>Environmental Protection Agency Sodium 200.8</u>	\$13.20
<u>Hardness (Requires Calcium & Magnesium tests) (per Unit)</u>	\$6.05

Organic Contaminants

<u>Environmental Protection Agency 524.2 Trihalomethanes</u>	\$89.93
<u>Haloacetic Acids Method 6251B</u>	\$179.30
<u>Environmental Protection Agency 524.2</u> Trihalomethanes, Maximum Potential	\$228.80

Inorganics

<u>Alkalinity (Total) Standard Method 2320B</u>	\$8.80
<u>Bromate Environmental Protection Agency 300.1</u>	\$30.25
<u>Chlorate Environmental Protection Agency 300.1</u>	\$30.25
<u>Chlorite Environmental Protection Agency 300.1</u>	\$30.25
<u>Chloride Environmental Protection Agency 300.0</u>	\$19.31
<u>Environmental Protection Agency 300.0 Fluoride (per Unit)</u>	\$20.35

<u>Environmental Protection Agency 300.1 Sulfate (per Unit)</u>	\$17.88
<u>Chromium (Hexavalent) Environmental Protection Agency 218.7 (per Unit)</u>	\$60.50
<u>Cyanide, Total 335.4</u>	\$55.00
<u>Environmental Protection Agency 353.2 Nitrate + Nitrite</u>	\$11.28
<u>Perchlorate 314.0</u>	\$60.50
<u>Environmental Protection Agency 537.1 - Per-and Polyfluoroalkyl Substances (per Unit)</u>	\$290.00
<u>pH (Test of acidity or alkalinity) 150.1</u>	\$11.00
<u>Environmental Protection Agency 375.2 Sulfate</u>	\$13.75
<u>Environmental Protection Agency 180.1 Turbidity</u>	\$9.35
<u>Odor, Environmental Protection Agency 140.1 (per Unit)</u>	\$30.25
<u>Organic Constituents, Ultra Violet-Absorbing Standard Method 5910B</u>	\$36.30
<u>Carboxylic Acids (Oxalate, Formate, Acetate) (per Unit)</u>	\$46.20
<u>Nitrogen, Total Standard Method 4500-N (Lachat) (per Unit)</u>	\$20.90
<u>Organic Carbon, Total Standard Method 5310B (per Unit)</u>	\$18.70
<u>Environmental Protection Agency 300.1 Bromide (per Unit)</u>	\$30.25
<i>Organics</i>	
<u>Anatoxin by Enzyme-Linked Immunosorbent Assay (per Unit)</u>	\$98.55
<u>Chlorophyll-A by High Performance Liquid Chromatography (per Unit)</u>	\$110.61
<u>Cyanotoxin Quantitative Polymerase Chain Reaction Method (per Unit)</u>	\$33.00
<u>Cylindrospermopsin by Enzyme-Linked Immunosorbent Assay (per Unit)</u>	\$98.55
<u>Periphyton (per Unit)</u>	\$26.40
<i>Water Bacteriology</i>	
<u>Legionella Standard Methods 9260J Liter of water</u>	\$68.20
<u>Solids, Total Dissolved Standard Method 2540C (per Unit)</u>	\$14.03
<u>Environmental Protection Agency 325.2 Chloride (per Unit)</u>	\$7.70
<u>Standard Method 5210B Carbonaceous Biochemical/Soluble Oxygen Demand (per Unit)</u>	\$36.30
<u>Standard Method 2120B Color (per Unit)</u>	\$13.20
<u>Total Microcystins & Nodularins by Enzyme-Linked Immunosorbent Assay (per Unit)</u>	\$98.55
<u>Legiolert (per Unit)</u>	\$37.22
<i>Water Microbiology (Drinking Water and Surface Water)</i>	
<u>Total Coliforms/Escherichia coli (Colilert/Colisure)</u>	\$20.90
<u>Heterotrophic Plate Count by 9215 B Pour Plate</u>	\$14.30
<i>Inorganic Surface Water (Lakes, Rivers, Streams) Tests</i>	
<u>Ammonia Environmental Protection Agency 350.1</u>	\$19.25
<u>Biochemical Oxygen Demand 5 day test Standard Method 5210B</u>	\$28.60
<u>Chlorophyll A Standard Method 10200H - Chlorophyll-A</u>	\$18.70
<u>Phosphorus, Total 365.1</u>	\$17.05
<u>Silica 370.1</u>	\$17.33
<u>Solids, Total Volatile, Environmental Protection Agency 160.4</u>	\$18.15
<u>Solids, Total Suspended Standard Method 2540D</u>	\$14.03
<u>Specific Conductance 120.1</u>	\$8.53
<u>Environmental Protection Agency 376.2 Sulfide</u>	\$48.40
<i>Infectious Disease</i>	
<i>Arbovirus</i>	
<u>TrioPlex Polymerase Chain Reaction (per Unit)</u>	\$65.00
<u>Zika Immunoglobulin M (per Unit)</u>	\$45.00
<i>Next Generation Sequencing</i>	

<u>Bacterial Sequencing (per Unit)</u>	\$107.00
<u>Bacterial Sequencing Analysis (per Unit)</u>	\$40.00
<u>Bacterial Sequencing and Identification (per Unit)</u>	\$108.00
<u>Bacterial Sequencing, Identification, Analysis (per Unit)</u>	\$122.00
<u>Microbial Source Tracking (via shotgun metagenomics sequencing) (per Unit)</u>	\$194.00
<u>Microbial Source Tracking (via culture based) (per Unit)</u>	\$150.00
<i>Immunology</i>	
<i>Hepatitis</i>	
<u>Anti-Hepatitis B Antibody (per Unit)</u>	\$19.50
<u>Anti-Hepatitis B Antigen (per Unit)</u>	\$19.50
<u>C (Anti-Hepatitis C Virus) Antibody</u>	\$23.00
<i>HIV (Human Immunodeficiency Virus)</i>	
<u>1/2 and O. Antigen/Antibody Combo</u>	\$27.00
<u>Supplemental Testing (HIV-1/HIV-2 differentiation) (per Unit)</u>	\$42.00
<u>Hantavirus</u>	\$40.00
<i>Syphilis</i>	
<u>Immunoglobulin G (IgG) Antibody (including reflex Rapid Plasma Reagin titer)</u>	\$10.00
<u>TP-PA (Treponema Pallidum - Particle Agglutination) Confirmation</u>	\$22.00
<i>QuantiFERON</i>	
<u>QuantiFERON Gold (per Unit)</u>	\$65.00
<i>Virology</i>	
<u>BioFire FilmArray Respiratory Panel (per Unit)</u>	\$160.00
<u>Hepatitis C Virus (HCV) detection by quantitative Nucleic Acid Amplification Test (per Unit)</u>	\$75.00
<u>Herpesvirus (Herpes Simplex Virus-1, Herpes Simplex Virus-2, Varicella Zoster Virus) Detection and Differentiation by Polymerase Chain Reaction</u>	\$51.00
<u>Rabies - Not epidemiological indicated or pre-authorized</u>	\$180.00
<u>Influenza PCR (Polymerase Chain Reaction) (per Unit)</u>	\$150.00
<u>Chlamydia trachomatis and Neisseria gonorrhoeae detection by nucleic acid testing</u>	\$23.00
<i>Bacteriology</i>	
<u>BioFire FilmArray Gastrointestinal Panel (per Unit)</u>	\$185.00
<i>Mycobacteriology</i>	
<u>Culture</u>	\$81.00
<u>Mycobacterium tuberculosis susceptibilities (send out)</u>	\$175.00
<u>Identification and Susceptibility by GeneXpert (per Unit)</u>	\$126.00

LEE

<u>Organic Wet Chemistry (per Unit)</u>	\$200.00
<i>Parameter Category Fees charge for each sample tested</i>	
<u>Atomic Absorption/Atomic Emission (per Unit)</u>	\$300.00
<u>Radiological chemistry - Alpha spectrometry (per Unit)</u>	\$300.00
<u>Radiological chemistry - Beta (per Unit)</u>	\$300.00
<u>Calculation of Analytical Results (per Unit)</u>	\$50.00
<u>Organic Clean Up (per Unit)</u>	\$200.00
<u>Toxicity/Synthetic Extractions Characteristics Procedure (per Unit)</u>	\$200.00
<u>Radiological chemistry - Gamma (per Unit)</u>	\$300.00
<i>Gas Chromatography</i>	

<u>Simple (per Unit)</u>	\$300.00
<u>Complex (per Unit)</u>	\$600.00
<u>Semivolatile (per Unit)</u>	\$500.00
<u>Volatile (per Unit)</u>	\$500.00
<u>Radiological chemistry - Gas Proportional Counter (per Unit)</u>	\$300.00
<u>Gravimetric (per Unit)</u>	\$100.00
<u>High Pressure Liquid Chromatography (per Unit)</u>	\$300.00
<u>Inductively Coupled Plasma Metals Analysis (per Unit)</u>	\$400.00
<u>Inductively Coupled Plasma Mass Spectrometry (per Unit)</u>	\$500.00
<u>Ion Chromatography (per Unit)</u>	\$200.00
<u>Ion Selective Electrode base methods (per Unit)</u>	\$100.00
<u>Radiological chemistry - Liquid Scintillation (per Unit)</u>	\$300.00
<u>Metals Digestion (per Unit)</u>	\$100.00
<u>Simple Microbiological Testing (per Unit)</u>	\$100.00
<u>Complex Microbiological Testing (per Unit)</u>	\$300.00
<u>Organic Extraction (per Unit)</u>	\$200.00
<u>Physical Properties (per Unit)</u>	\$100.00
<u>Titrimetric (per Unit)</u>	\$100.00
<u>Spectrometry (per Unit)</u>	\$200.00
<u>While Effluent Toxicity (per Unit)</u>	\$600.00
<i>Environmental Laboratory Certification</i>	
<u>Certification Clarification</u>	\$0.00
Note: Laboratories applying for certification are subject to the annual certification fee, plus the fee listed, for each category in which they are to be certified.	
<i>Annual certification fee (chemistry and/or microbiology)</i>	
<u>Utah laboratories</u>	\$1,000.00
<u>Out-of-state laboratories</u>	\$3,000.00
Plus reimbursement of all travel expenses	
<u>National Environmental Accreditation Program (NELAP) recognition</u>	\$1,000.00
<u>Certification change</u>	\$250.00
<u>Performance Based Method Review (per method fee)</u>	\$250.00
<u>Primary Method Addition for Recognition Laboratories (per Unit)</u>	\$500.00

LEH

Utah Statewide Immunization Information System

Non-Financial Contributing Partners

<u>Match on Immunization Records in Database (per record)</u>	\$12.00
<u>File Format Conversion (per hour)</u>	\$30.00

LEK

Examinations of Non-jurisdictional Cases

<u>Autopsy, full or partial</u> plus cost of body transportation	\$2,500.00
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<u>External Examination</u> plus cost of body transportation	\$500.00 ¹
Facilities	
<i>Use of Office of the Medical Examiner facilities by Non-Office of the Medical Examiner Pathologists</i>	
<u>Use of facilities and staff for autopsy</u>	\$500.00 ¹
<u>Use of facilities only for autopsy or examination</u>	\$400.00 ¹
<u>Use of facilities and staff for external examinations</u>	\$300.00 ¹
<i>Use of Tissue Harvest Room for Acquisition</i>	
<u>Skin Graft</u>	\$133.00 ¹
<u>Bone</u>	\$266.00 ¹
<u>Heart Valve</u>	\$70.00 ¹
<u>Saphenous vein</u>	\$70.00 ¹
<u>Eye</u>	\$35.00 ¹
Reports	
<i>Copy of Autopsy and Toxicology Report</i>	
<u>Copies for law enforcement, physicians and attorneys as outlined in UCA 26-4-17(2)(c)-(d)</u>	No charge ¹
<u>Copies to immediate relative or legal representative as outlined in UCA 26-4-17(2)(a)-(b)</u>	\$10.00 ¹
<u>All other requestors and additional copies</u>	\$35.00 ¹
<i>Copy of Miscellaneous Office of the Medical Examiner Case File Papers</i>	
<u>Copies for law enforcement, physicians and attorneys as outlined in UCA 26-4-17(2)(c)-(d)</u>	No Charge ¹
<u>Copies to immediate relative or legal representative as outlined in UCA 26-4-17(2)(a)-(b)</u>	
<u>All other requestors and additional copies</u>	\$35.00 ¹
Cremation Authorization	
<u>Review and authorize</u> \$10.00 per permit payable to Vital Records for processing.	\$150.00 ¹
Expert Services - Forensic Pathologist Case Review, Consultation, and Testimony, Portal to Portal, up to 8 Hours/day	
<u>Criminal cases, out of state (per hour)</u> (\$4,000.00 max/day)	\$500.00 ¹
<u>Non-jurisdictional criminal and all civil cases (per hour)</u> (\$4,000.00 max/day)	\$500.00 ¹
<u>Consultation on non-Medical Examiner cases (per hour)</u> (\$4,000.00 max/day)	\$500.00 ¹
Photographic, Slide, and Digital Services	
<i>Digital Photographic Images</i>	
<u>Copies for law enforcement, physicians and attorneys as outlined in UCA 26-4-17(2)(c)-(d)</u>	No Charge ¹
<u>Copies to immediate relative or legal representative as outlined in UCA 26-4-17(2)(a)-(b) (per image)</u>	\$10.00 ¹
<u>All other requestors and additional copies (per image)</u>	\$35.00 ¹
<u>Digital X-ray images from Digital Source (DICOM).</u> DICOM (radiographic) images.	\$10.00 ¹
<u>Copied from color slide negatives. (per image)</u> Digital photographic images.	\$5.00 ¹
Body Storage	
<u>Daily charge for use of Medical Examiner Storage Facilities</u> Beginning 24 hours after notification that body is ready for release.	\$30.00 ¹
Biologic samples requests	
<u>Handling of requested samples for shipping to outside lab.</u> Processing of Office of the Medical Examiner samples for Non-Office of the Medical Examiner testing.	\$25.00 ¹
<u>Handling and storage of requested samples by outside sources. Annual Fee</u> Storage fee (outside normal Office of the Medical Examiner	\$25.00 ¹

retention schedule).	
<u>Return request by immediate relative as defined in code UCA 26-4-2(3)</u> Sample return fee.	\$55.00 ¹
<i>Histology</i>	
<u>Glass Slides (re-cuts, routine stains)</u>	\$20.00 ¹
<u>Immunohistochemical stains</u> Glass slides - Immunohistochemical stains.	\$50.00 ¹
<u>Histochemical stains</u>	\$30.00 ¹

LFA

These fees apply for the entire Division of Family Health and Preparedness

<u>Credit Card Fee (per transaction)</u> To determine the amount charged, a percentage will be calculated using the total of credit card fees incurred by the Division, divided by the total credit card revenues.	Not to exceed 3% ¹
<u>Online Processing Fee (per transaction)</u> Convenience fee to cover cost of Utah Interactive processing fee.	\$0.75 ¹
<u>Background Screening Fee - Public Safety (per Unit)</u> This fee should be the same as that charged by the Department of Public Safety. If the Legislature changes the fee charged by Department of Public Safety, then the Legislature also approves the same change for the Department of Health. Fees collected by Family Health and Preparedness are passed through to Public Safety.	\$33.25 ¹
<u>Fingerprints (per Unit)</u>	\$12.00 ¹
<i>Direct Access Clearance System</i>	
<u>Facility Initial or Change of Ownership (per 100)</u>	\$100.00 ¹
<u>Initial Clearance</u>	\$18.00 ¹
<u>Facility Renewal</u>	\$200.00 ¹
<u>Background checks initial or annual renewal (not in Direct Access Clearance System) (per Unit)</u> This fee will be assessed at the Division level for background checks not completed through the Direct Access Clearance System. This fee will be assessed for initial or annual renewal.	\$18.00 ¹

LFF

Children with Special Health Care Needs Service Balance Charge after Insurance Payment

<u>Household income less than or equal to 133% of Federal Poverty Level (per Unit)</u>	\$1.00 ¹
<u>Household income 134% to 150% of Federal Poverty Level (per Unit)</u>	20% ¹
<u>Household income 151% to 185% of Federal Poverty Level (per Unit)</u>	40% ¹
<u>Household income greater than 225% of Federal Poverty Level (per Unit)</u>	100% ¹

Evaluation of Speech

<u>92521 Fluency (per Unit)</u>	\$150.00 ¹
<u>92522 Sound Production (per Unit)</u>	\$121.00 ¹
<u>92523 Sound Production w/ Evaluation of Language Comprehension (per Unit)</u>	\$260.00 ¹

Special Otorhinolaryngologic Services

<u>92524 Behavioral and Qualitative Analysis of Voice and Resonance (per Unit)</u>	\$116.00 ¹
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Physical Medicine and Rehabilitation Therapeutic Procedures

<u>97116 Gait training (per Unit)</u>	
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97112 Neuromuscular reeducation (per Unit)	\$38.00 ¹	\$33.00 ¹
97542 Wheelchair Assessment fitting/training (per Unit)		\$25.00 ¹
97755 Assistive Technology Assessment (per Unit)		\$43.00 ¹
<i>Office Visit, New Patient</i>		
99201 Problem focused, straightforward		\$65.00 ¹
99202 Expanded problem, straightforward		\$110.00 ¹
99203 Detailed, Low Complexity		\$160.00 ¹
99204 Comprehensive, Moderate Complexity		\$245.00 ¹
99205 Comprehensive, High Complexity		\$315.00 ¹
<i>Office Visit, Established Patient</i>		
99211 Minimal Service or non-Medical Doctor		\$30.00 ¹
99212 Problem focused, straightforward		\$65.00 ¹
99213 Expanded Problem, Low Complexity		\$108.00 ¹
99214 Detailed, Moderate Complexity		\$160.00 ¹
99215 Comprehensive, High Complexity		\$220.00 ¹
<i>Office Consultation, New or Established Patient</i>		
99241 Problem focused, straightforward		\$50.00 ¹
99242 Expanded problem focused, straightforward		\$80.00 ¹
99243 Detailed Exam, Low Complexity		\$100.00 ¹
99244 Comprehensive, Moderate Complexity		\$140.00 ¹
99245 Comprehensive, High Complexity		\$426.00 ¹
95974 Cranial Neurostimulation evaluation		\$160.00 ¹
99354 Prolonged, face to face First hour		\$73.00 ¹
99355 Prolonged, face to face Additional 30 minutes		\$112.00 ¹
99358 Prolonged, non face to face First hour		\$93.00 ¹
99359 Prolonged, non face to face Additional 30 minutes		\$51.00 ¹
T1013 Sign Language oral interview		\$13.00 ¹
<i>Nutrition</i>		
97802 Medical Assessment		\$22.00 ¹
97803 Reassessment		\$22.00 ¹
<i>Psychology</i>		
96113 Developmental Testing: Each additional 30 minutes (per Unit) For each additional 30 minutes of developmental testing.		\$80.00 ¹
96130 Psychological Testing		\$136.00 ¹
96103 Testing with computer		\$30.00 ¹
96110 Developmental Testing		\$136.00 ¹
96112 Extended Developmental Testing		\$136.00 ¹
90791 Psychiatric Diagnostic Evaluation		\$140.00 ¹
90792 Psychiatric Diagnostic Evaluation With Medical Services (per Unit)		\$157.00 ¹
90804 Psychotherapy, face to face, 20-30 minutes		\$90.00 ¹
90806 Psychotherapy, face to face, 50 minutes		\$130.00 ¹
90846 Family Medical Psychotherapy, 30 minutes		\$112.00 ¹
90847 Family Medical Psychotherapy, conjoint 30 minutes		\$116.00 ¹
90885 Evaluation of hospital records		\$55.00 ¹
90889 Preparation of reports		\$74.00 ¹
<i>Physical and Occupational Therapy</i>		
97161 Physical Therapy Evaluation		\$90.00 ¹
97162 Physical Therapy Evaluation-Moderate Complexity (per Unit)		\$90.00 ¹

97163 Physical Therapy Evaluation-High Complexity (per Unit)	\$90.00
97164 Physical Therapy Re-evaluation	\$52.00
97165 Occupational Therapy Evaluation	\$90.00
97166 Occupational Therapy Evaluation-Moderate Complexity (per Unit)	\$90.00
97167 Occupational Therapy Evaluation-High Complexity (per Unit)	\$90.00
97168 Occupational Therapy Re-evaluation	\$52.00
97110 Therapeutic Physical Therapy	\$33.00
97530 Therapeutic Activity	\$44.00
97535 Self Care Management	\$37.00
97760 Orthotic Management	\$38.00
97762 Orthotic/prosthetic Use Management	\$38.00
G9012 Wheelchair Measurement/Fitting	\$312.00
<i>Audiology</i>	
92550 Tympanometry and Acoustic Reflex Threshold Testing (per Unit)	\$24.00
92551 Audiometry, Pure Tone Screen	\$13.00
92552 Audiometry, Pure Tone Threshold	\$20.00
92553 Audiometry, Air and Bone	\$40.00
92555 Speech Audiometry threshold testing	\$25.00
92556 Speech Audiometry threshold/speech recognition testing	\$40.00
92557 Basic Comprehension, Audiometry	\$36.00
92567 Tympanometry	\$12.00
92568 Acoustic reflex testing, threshold	\$17.00
92570 Tympanometry and Acoustic Reflex Threshold (per Unit) Acoustic Reflex Decay Testing	\$33.00
92579 Visual reinforcement audiometry	\$42.00
92579-52 Visual reinforcement audiometry, limited	\$21.00
92582 Conditioning Play Audiometry	\$72.00
92585 Auditory Evoked Potentials testing	\$144.00
92587 Evoked Otoacoustic emissions testing	\$24.00
92590 Hearing Aid Exam	\$60.00
92591 Hearing Aid Exam, Binaural	\$75.00
92592-52 Hearing aid check, monaural	\$31.00
92593-52 Hearing aid check, binaural	\$44.00
92620 Evaluation of Central Auditory Function	\$90.00
92621 Evaluation of Central Auditory Function Each additional 15 minutes	\$22.00
V5008 Hearing Check, Patient Under 3 Years Old	\$38.00
V5257 Hearing Aid, Digital Monaural	\$2,000.00
V5261 Hearing Aid, Digital Binaural	\$1,100.00
V5264 Ear Mold Insert	\$75.00
V5266 Hearing Aid battery	\$1.00
<i>Baby Watch Early Intervention Monthly Participation Fee</i>	
Household income less than or equal to 100% of Federal Poverty Level	\$0.00
Household income 101% to 186% of Federal Poverty Level (per Unit)	\$10.00
Household income 187% to 200% of Federal Poverty Level (per Unit)	\$20.00
Household income 201% to 250% of Federal Poverty Level (per Unit)	\$30.00
Household income 251% to 300% of Federal Poverty Level (per Unit)	\$40.00
Household income 301% to 400% of Federal Poverty Level (per Unit)	\$50.00
Household income 401% to 500% of Federal Poverty Level (per Unit)	\$60.00
Household income 501% to 600% of Federal Poverty Level (per Unit)	\$80.00
Household income 601% to 700% of Federal Poverty Level (per Unit)	\$100.00

<u>Household income 701% to 800% of Federal Poverty Level (per Unit)</u>	\$120.00
<u>Household income 801% to 900% of Federal Poverty Level (per Unit)</u>	\$140.00
<u>Household income 901% to 1000% of Federal Poverty Level (per Unit)</u>	\$160.00
<u>Household income 1001% to 1100% of Federal Poverty Level (per Unit)</u>	\$180.00
<u>Household income above 1100% of Federal Poverty Level (per Unit)</u>	\$200.00

LFG

<i>Registration and Licensure</i>	
<i>License/License Renewal Fee</i>	
<u>License Verification (per Unit)</u>	\$10.00
<i>Behavior Health Unit</i>	
<i>Permit</i>	
<u>Behavior Health Unit (per Vehicle)</u>	\$100.00
<i>Registration and Licensure</i>	
<i>License/License Renewal Fee</i>	
<u>Course Coordinator Extension Fee (per Unit)</u>	\$40.00
<i>Dispatch</i>	
<i>Inspection</i>	
<u>Dispatch (per Unit)</u>	\$100.00
<i>Quality Assurance and Designation Review</i>	
<u>Stroke Center Designation/Redesignation (per Unit)</u>	\$150.00
<i>Registration and Licensure</i>	
<i>License/License Renewal Fee</i>	
<i>Quality Assurance Review Fee</i>	
<u>All Levels (per Unit)</u>	\$30.00
<u>Training Officer Extension Fee (per Unit)</u>	\$40.00
<i>Quality Assurance Designation Review</i>	
<u>Air Ambulance Quality Assurance Review (per Unit)</u>	\$5,000.00
<i>Registration and Licensure</i>	
<i>License Fee</i>	
<u>Blood Draw Permit (per Unit)</u>	\$35.00
<u>Quality Assurance Review Fee for All Levels Late Fee (per Unit)</u>	\$75.00
<i>License/License Renewal Fee</i>	
<u>Initial and Reciprocity Quality Assurance for All Levels (per Unit)</u>	\$45.00
<u>Decal for purchase for All Levels (per Unit)</u>	\$2.00
<u>Patches for purchase for All Levels (per Unit)</u>	\$5.00
<u>Course Audit Fee (per Unit)</u>	\$40.00
<i>Course Request Fee</i>	
<u>Course for All Levels (per Unit)</u>	\$300.00
<u>Late (per day)</u>	\$10.00
<i>Ground Ambulance - Emergency Medical Technician</i>	
<i>Permit</i>	
<u>Quality Assurance Review (per vehicle)</u>	\$100.00
<u>Advanced (per vehicle)</u>	\$130.00
<i>Interfacility Transfer Ambulance</i>	
<i>Permit</i>	
<u>Emergency Medical Technician Quality Assurance Review (per vehicle)</u>	

	<u>Advanced (per vehicle)</u>	\$130.00 ¹	\$100.00 ¹
<i>Fleet Vehicles</i>			
	<i>Permit</i>		
	<u>Fleet fee (per fleet)</u>		\$3,200.00 ¹
	Agency with 20 or more vehicles		
<i>Paramedic</i>			
	<i>Permit</i>		
	<u>Rescue (per vehicle)</u>		\$165.00 ¹
	<u>Tactical Response (per vehicle)</u>		\$165.00 ¹
	<u>Ambulance (per vehicle)</u>		\$170.00 ¹
	<u>Interfacility Transfer Service (per vehicle)</u>		\$170.00 ¹
<i>Quick Response Unit</i>			
	<i>Permit</i>		
	<u>Emergency Medical Technician Quality Assurance Review (per vehicle)</u>		\$100.00 ¹
	<u>Advanced (per vehicle)</u>		\$100.00 ¹
<i>Air Ambulance</i>			
	<i>Permit</i>		
	<u>Advanced Air Ambulance (per vehicle)</u>		\$130.00 ¹
	<u>Specialized (per vehicle)</u>		\$165.00 ¹
	<u>Out of State (per vehicle)</u>		\$200.00 ¹
<i>Quality Assurance Designation Review</i>			
	<u>Resource Hospital (per hospital)</u>		\$150.00 ¹
	<u>Trauma Center Verification/Quality Assurance Review</u>		\$5,000.00 ¹
	<u>Trauma Designation Consultation Quality Assurance Review</u>		\$750.00 ¹
	<u>Focused Quality Assurance Review</u>		\$3,000.00 ¹
	<u>Emergency Patient Receiving Facility Re-designation (per Unit)</u>		\$150.00 ¹
	<u>Emergency Patient Receiving Facility Initial Designation (per Unit)</u>		\$500.00 ¹
<i>Quality Assurance Application Reviews</i>			
	<i>Newspaper Publications</i>		
	<u>Original Air Ambulance License</u>		\$850.00 ¹
	<u>Original Ground Ambulance/Paramedic License Non Contested</u>		\$850.00 ¹
	<i>Newspaper Publications</i>		
	<u>Original Ambulance/Paramedic License Contested</u>		Variable ¹
	up to actual cost		
	<u>Original Designation</u>		\$135.00 ¹
	<u>Renewal Ambulance/Paramedic/Air License</u>		\$135.00 ¹
	<u>Renewal Designation</u>		\$135.00 ¹
	<u>Upgrade in Ambulance Service Level</u>		\$125.00 ¹
	<i>Change in ownership/operator</i>		
	<u>Non-contested</u>		\$850.00 ¹
	<u>Contested</u>		Up to actual cost ¹
	<i>Change in geographic service area</i>		
	<u>Non-contested</u>		\$850.00 ¹
	<u>Contested</u>		Up to actual cost ¹
<i>Quality Assurance Course Review</i>			
	<u>Critical Care Endorsement (per Unit)</u>		\$20.00 ¹
	Requesting a change to the name. Remove Certification and replace with Endorsement.		
	<i>Course Coordinator</i>		
	<u>Seminar Registration</u>		\$50.00 ¹
	<u>Seminar Registration Late</u>		\$25.00 ¹

<i>Emergency Medical</i>		
	<u>Training and Testing Program Designation</u>	\$135.00 ¹
<i>Instructor Seminar</i>		
	<u>Registration</u>	\$150.00 ¹
	<u>Registration Late</u>	\$25.00 ¹
<i>None</i>		
	<u>Conference Sponsor/Vendor</u>	\$500.00 ¹
<i>New Course Coordinator</i>		
	<u>Course Coordination Endorsement</u>	\$75.00 ¹
	<u>Course Coordination Registration Late</u>	\$25.00 ¹
<i>New Instructor</i>		
	<u>New Instructor Endorsement</u> Requesting a change to the name. Remove Course Certification and replace with New Instructor Endorsement.	\$150.00 ¹
	<u>Course Registration Late</u>	\$25.00 ¹
<i>New Training Officer</i>		
	<u>New Training Officer Endorsement</u> Requesting a change to the name. Remove Initial Certification and replace with New Training Officer Endorsement.	\$75.00 ¹
	<u>Course Registration Late</u>	\$25.00 ¹
<i>Pediatric</i>		
	<u>Advanced Life Support Course</u>	\$170.00 ¹
	<u>Education for Prehospital Professionals Course</u>	\$170.00 ¹
<i>Training Officer</i>		
	<u>Seminar Registration</u>	\$50.00 ¹
	<u>Seminar Registration Late</u>	\$25.00 ¹
<i>Training and Seminars</i>		
	<u>Additional Lunch (per Unit)</u> Trainings and Seminars	\$15.00 ¹
	<u>Course Quality Assurance Review Late</u> Less than 30 days	\$25.00 ¹
	<u>Emergency Vehicle Operations Instructor Course</u>	\$40.00 ¹
	<u>Medical Director's Course</u>	\$50.00 ¹
	<u>Management/Leadership Seminar</u>	\$150.00 ¹
	<u>Prehospital Trauma Life Support Course</u>	\$175.00 ¹
	<u>Pediatric Advanced Life Support Course Renewal (per Unit)</u>	\$85.00 ¹
<i>Equipment Delivery</i>		
	<u>Strike Team BLU-MED Mobile Field Response Tent Support (per Unit)</u>	\$6,000.00 ¹
<i>Pediatric</i>		
	<u>Rental of pediatric course equipment to for-profit agency</u>	\$150.00 ¹
<i>Quality Assurance Course Review</i>		
<i>Pediatric</i>		
	<u>Pediatric Education for Prehospital Professionals Course Renewal (per Unit)</u>	\$85.00 ¹
<i>Data</i>		
<i>Pre-hospital</i>		
	<u>Non-profits Users</u> Academic, non-profit, and other government users	\$800.00 ¹
	<u>For-profit Users</u>	\$1,600.00 ¹
<i>Trauma Registry</i>		
	<u>Non-profits Users</u> Academic, non-profit, and other government users	\$800.00 ¹
	<u>For-profit Users</u>	\$1,600.00 ¹

LFH

<i>Annual License</i>	
<u>Abortion Clinics</u>	\$1,800.00 ¹
<u>Health Facilities base</u>	\$260.00 ¹
A base fee for health facilities plus the appropriate fee as indicated below applies to any new or renewal license.	
<i>Direct Access Clearance System</i>	
<u>Contractor Access</u>	\$100.00 ¹
<i>Two Year Licensing Base</i>	
<i>Plus the appropriate fee as listed below to any new or renewal license</i>	
<u>Health Care Facility</u>	\$520.00 ¹
Every other year	
<i>Health Care Providers</i>	
<u>Change Fee</u>	\$130.00 ¹
Charged for making changes to existing licenses.	
<i>Hospitals</i>	
<u>Hospital Licensed Bed</u>	\$39.00 ¹
<u>Nursing Care Facilities, and Small Health Care Facilities Licensed Bed</u>	\$31.20 ¹
<u>End Stage Renal Disease Centers Licensed Station</u>	\$182.00 ¹
<u>Freestanding Ambulatory Surgery Centers (per facility)</u>	\$2,990.00 ¹
<u>Birthing Centers (per licensed unit)</u>	\$520.00 ¹
<u>Hospice Agencies</u>	\$1,495.00 ¹
<u>Home Health Agencies</u>	\$1,495.00 ¹
<u>Personal Care Agencies</u>	\$1,000.00 ¹
<u>Mammography Screening Facilities</u>	\$520.00 ¹
<i>Assisted Living Facilities</i>	
<u>Type I (per licensed bed)</u>	\$26.00 ¹
<u>Type II (per licensed bed)</u>	\$26.00 ¹
<u>The fee for each satellite and branch office of current licensed facility</u>	\$260.00 ¹
<i>Late Fee</i>	
<u>Within 1 to 14 days after expiration of license</u>	50% of scheduled fee ¹
<u>Within 15 to 30 days after expiration of license</u>	75% of scheduled fee ¹
<i>New Provider/Change in Ownership</i>	
<u>Applications for health care facilities</u>	\$747.50 ¹
Assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection.	
<u>Assisted Living and Small Health Care Type-N (nursing focus) Limited Capacity Applications:</u>	\$325.00 ¹
Assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection.	
<i>Application Termination or Delay</i>	
<i>If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows:</i>	
<u>On-site inspections</u>	90% of total fee ¹
<i>Plan Review and Inspection</i>	
<i>Hospitals</i>	
<i>Number of Beds</i>	

<u>Up to 16</u>	\$3,445.00 ¹
<u>17 to 50</u>	\$6,890.00 ¹
<u>51 to 100</u>	\$10,335.00 ¹
<u>101 to 200</u>	\$12,870.00 ¹
<u>201 to 300</u>	\$15,470.00 ¹
<u>301 to 400</u>	\$17,192.50 ¹
<u>Over 400, base</u>	\$17,192.50 ¹
<u>Over 400, each additional bed</u>	\$37.50 ¹
In the case of complex or unusual hospital plans, the Bureau will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.	
<i>Nursing Care Facilities and Small Health Care Facilities</i>	
<i>Number of Beds</i>	
<u>Up to 5</u>	\$1,118.00 ¹
<u>6 to 16</u>	\$1,716.00 ¹
<u>17 to 50</u>	\$3,900.00 ¹
<u>51 to 100</u>	\$6,890.00 ¹
<u>101 to 200</u>	\$8,580.00 ¹
<u>Freestanding Ambulatory Surgical Facilities (per operating room)</u>	\$1,722.50 ¹
<u>Other Freestanding Ambulatory Facilities (per service unit)</u>	\$442.00 ¹
Includes Birthing Centers, Abortion Clinics, and similar facilities.	
<u>End Stage Renal Disease Facilities (per service unit)</u>	\$175.50 ¹
<i>Assisted Living Type I and Type II</i>	
<i>Number of Beds</i>	
<u>Up to 5</u>	\$598.00 ¹
<u>6 to 16</u>	\$1,196.00 ¹
<u>17 to 50</u>	\$2,762.50 ¹
<u>51 to 100</u>	\$5,167.50 ¹
<u>101 to 200</u>	\$7,247.50 ¹
Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$559.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative.	
<i>Remodels of Licensed Facilities</i>	
<u>Hospitals, Freestanding Surgery Facilities (per square foot)</u>	\$0.29 ¹
<u>All others excluding Home Health Agencies (per square foot)</u>	\$0.25 ¹
<u>Each additional required on-site inspection</u>	\$559.00 ¹
<u>Health Care Facility Licensing Rules</u>	Actual cost ¹
Plus mailing	
<i>Other Plan Review Fee Policies</i>	
<u>Plan Review Onsite Inspection</u>	\$559.00 ¹
If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other info regarding compliance with applicable construction rules, the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be \$559.00 per inspection, plus mileage reimbursement at the approved state rate.	
<u>Previously Reviewed or Approved Plan (per Unit)</u>	60% of scheduled fee ¹
A facility that uses plans and specifications previously reviewed and approved by the Department. Cost: 60% of the scheduled plan review fee.	
<u>Special Equipment Facility Addition or Remodel (per square foot)</u>	\$0.52 ¹
A facility making additions or remodels that house special equipment such as CAT (Computer Assisted Tomography)	

scanner or linear accelerator. Cost: Fifty-two cents per square foot.

Terminated or Delayed Plan Review

Preliminary Drawing Review (per Unit)

25% of scheduled fee¹

If a project is terminated or delayed less than 12 months during the plan review process, a fee based on services rendered will be retained as 25% of the total fee. If a project is delayed beyond 12 months from the date of the Department's last review, the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.

Working Drawings and Specifications Review (per Unit)

80% of scheduled fee¹

If a project is terminated or delayed less than 12 months during the plan review process, a fee based on services rendered will be retained as 80% of the total fee. If a project is delayed beyond 12 months from the date of the Department's last review, the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.

Certificate of Authority

Health Maintenance Organization Review of Application

\$650.00¹

Conditional Monitoring Inspections

Center-based providers (per visit)

\$253.00¹

Charge per extra visit begins with the second additional visit required due to non-compliance.

Home-based providers (per visit)

\$245.00¹

Charge per extra visit begins with the second additional visit required due to non-compliance.

Annual License

Annual Licensed Child Care Facility Base

\$31.00¹

Plus the appropriate fee as listed below to any new or renewal license

Change in license or certificate during the license period more than twice a year

\$31.00¹

Child Care Center Facilities (per child)

\$1.75¹

Late Fee

Variable¹

Within 1 - 30 days after expiration of license facility will be assessed 50% of scheduled fee. For centers, \$15.50 plus \$0.75 per child in the requested capacity. For homes, \$15.50.

New Provider/Change in Ownership

New Provider/Change in Ownership Applications for Child Care center facilities

\$200.00¹

A fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection.

Other

Inspection fee for non-compliant facility follow-up inspection

\$25.00¹

LGG

Provider Enrollment

Medicaid application fee for prospective or re-enrolling

rate set by federal government¹

This fee is set by the federal government (Centers for Medicare and Medicaid Services) and is effective on January 1 of each year.

*Health Clinics**Repair*

<u>58300 Insertion of Intrauterine Device</u>	\$160.00
<u>58301 Removal of Intrauterine Device</u>	\$163.00
<u>87082 Presumptive, Pathogenic Organism Screen</u>	\$16.00
<u>87102 Fungal</u>	\$16.00
<u>87106 Yeast</u>	\$8.00
<u>87110 Chlamydia</u>	\$16.00
<u>87220 Potassium Hydroxide for Wet Prep</u>	\$10.00
<u>60001 Aspiration/Injection Thyroid Gland</u>	\$81.00
<u>80048 Basic Metabolic Profile</u>	\$3.00
<u>80053 Metabolic Panel Labs Comprehensive</u>	\$4.00
<u>80061 Lipid Panel Labs</u>	\$6.00
<u>80061 Quick Lipid Panel</u>	\$29.00
<u>80076 Hepatic Function Panel</u>	\$4.00
<u>80100 Drug Screen for Multiple Drug Classes</u>	\$26.00
<u>80101 Drug Screen for Single Drug Class</u>	\$26.00
<u>80176 Xylocaine 0-55 cc</u>	\$29.00
<u>99408 Alcohol, substance screening; 15-30 minute intervention (per Unit)</u>	\$34.00

Removal Foreign Body, External

<u>57415 Removal of impacted vaginal foreign body (per Unit)</u>	\$180.00
<u>65025 Eye, Superficial</u>	\$173.00
<u>65220 Eye, Corneal</u>	\$215.00
<u>69200 Auditory Canal without General Anesthesia</u>	\$150.00
<u>69209 Cerumen Removal/One or Both Ears</u>	\$78.00

Simple

<u>12001 Superficial Wound 2.5 cm or Less</u>	\$192.00
<u>12002 Wound 2.6-7.5 cm</u>	\$203.00
<u>12004 Wound 7.6-12.5 cm</u>	\$133.00
<u>12005 Wound 12.6-20.0 cm</u>	\$166.00
<u>12011 Face/Ear/Nose/Lip 2.5 cm or Less</u>	\$234.00
<u>12032 Layer Closure Scalp/Extremities/Trunk 2.6-7.5 cm</u>	\$151.00
<u>12035 Layer Closure Scalp/Extremities/Trunk 12.6-20 cm</u>	\$227.00
<u>13120 Complex Scalp/Arms/Legs</u>	\$146.00
<u>16020 Burn Dress without Anesthesia Office/Hospital Small</u>	\$65.00
<u>16025 Burn Dress without Anesthesia Medical Face/Extremities</u>	\$120.00

87804 Influenza A
Quick Test

\$23.00

Urine Analysis

<u>81000 with Microscope</u>	\$10.00
<u>81002 Urinalysis, dipstick/reagent; non-auto w/o microscope</u>	\$10.00
<u>81003 Automated and without Microscope</u>	\$10.00
<u>81025 Human Chorionic Gonadotropin Urine</u>	\$22.00
<u>82043 Microalbumin</u>	\$16.00
<u>82055 Alcohol Screen</u>	\$21.00
<u>82270 Hemocult Feces Screening</u>	\$7.00
<u>82570 Creatinine</u>	\$12.00

82728 Ferritin	\$19.00
82948 Glucose for Blood, Regent Strip	\$5.00
82962 Glucose for Monitoring Device	\$6.00
83036 Hemoglobin A1C (long-term blood sugar test)	\$23.00
83540 Iron	\$31.00
84443 Thyroid Stimulating Hormone Labs	\$10.00
84460 Alanine Amino Test	\$15.00
85013 Hematocrit	\$5.00
85025 Complete Blood Count Labs	\$4.00
85610 Prothrombin Time	\$10.00
86580 Purified Protein Derivative/Tuberculosis Test	\$13.00
85652 Sedimentation Rate	\$11.00
85651 Erythrocyte Sedimentation Test	\$11.00
86308 Mononucleosis test	\$15.00
86318 Helicobacter Pylori test	\$23.00
86318 Quick Helicobacter Pylori test	\$23.00
86403 Monospot	\$18.00
88164 Cytopathology, Slides, Cervical or Vagina	\$26.00
87880 Strep Quick Test	\$26.00
87880 Quick Strep for Test for Medicaid/Medicare	\$26.00
<i>Destruction</i>	
17000 Any Method Benign First Lesion	\$100.00
17003 Add-on Benign/Pre-malignant	\$110.00
17004 Benign Lesion 15 or More	\$182.00
17110 Flat Wart for Up to 15	\$165.00
17111 Flat Warts for 15 and More	\$150.00
88147 Papanicolaou (PAP) Smear for Cervical or Vaginal	\$42.00
90620 Supplemental Security Income Exam Initial Consult	\$133.00
<i>Immunization</i>	
<i>Hepatitis</i>	
90632 Hep A for 18+ Years	\$90.00
90634 Hep A for Pediatric-Adolescent	\$42.00
90636 Hep A and B Combination Adult	\$95.00
90645 Haemophilus Influenza B	\$47.00
90649 Gardasil Human Papillomavirus Vaccine	\$281.00
90658 Influenza Virus Vaccine	\$25.00
90669 Pneumococcal > 5 years old Only	\$104.00
90471 Immunization Administration for One Vaccine	\$30.00
90472 Immunization Administration for Additional Vaccine	\$21.00
90701 Diphtheria Tetanus Pertussis	\$42.00
90702 Diphtheria Tetanus	\$14.00
90703 Tetanus	\$26.00
90707 Measles Mumps Rubella	\$80.00
90715 Adacel - Tetanus Diphtheria Vaccine	\$75.00
90716 Varicella	\$166.00
90732 Pneumovax Shot	\$129.00
90734 Meningitis	\$136.00
90744 Hepatitis B/Newborn-18 Years	\$73.00
90746 Hepatitis B 19+ Years Adult	\$88.00

<i>Malignant</i>	
<u>17260 Trunk/Arm/Leg 0.5 or Less</u>	\$58.00
<u>17280 Lesion Face 0.5 cm Less</u>	\$76.00
<u>17281 Lesion Face 0.6-1</u>	\$109.00
<i>Arthrocentesis</i>	
<u>20520 Foreign Body Removal Simple</u>	\$120.00
<u>20550 Injection for Trigger Point Tendon/Ligament/Ganglion</u>	\$90.00
<u>20552 Trigger Point Injection (TPI)</u>	\$95.00
<u>20600 Small Joint/Ganglion Fingers/Toes</u>	\$50.00
<u>20610 Major Joint/Bursa Shoulder/Knee</u>	\$104.00
<u>20605 Intermediate Joint/Bursa Ankle/Elbow</u>	\$90.00
<u>211 Community Service</u>	\$52.00
<u>28190 Foreign Body Removal for Foot Subcutaneous</u>	\$125.00
<u>30901 Cauterize (Limited) for Control Nasal Hemorrhage/Anterior/Simple</u>	\$60.00
<u>36415 Venipuncture</u>	\$8.00
<u>44641 Excision for Malignant Lesion</u>	\$131.00
<u>46083 Incision for Thrombosed Hemorrhoid, External</u>	\$104.00
<u>46600 Anoscope</u>	\$23.00
<u>52000 Cystoscopy</u>	\$125.00
<u>53670 Catheterization, Urinary, Simple</u>	\$30.00
<u>92552 Audiometry</u>	\$30.00
<u>93000 Electrocardiogram</u>	\$36.00
<u>99386 New patient well exam (per Unit)</u>	\$217.00
<u>99409 Alcohol, substance screening; 30+ minute intervention (per Unit)</u>	\$60.00
<u>57160 Fitting and insertion of pessary or other intravaginal support device (per Unit)</u>	\$85.00
<u>99387 New patient well exam (per Unit)</u>	\$200.00
<u>93015 Cardiovascular Stress Test Treadmill</u>	\$130.00
<i>Incision and Drainage</i>	
<u>10060 Abscess Simple/Single</u>	\$168.00
<u>10061 Complicated or Multiple</u>	\$125.00
<u>10080 Pilonidal Cyst Simple</u>	\$73.00
<u>99397 Medical Evaluation for 65 Years and Over</u>	\$210.00
<u>57150 Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease (per Unit)</u>	\$55.00
<u>99402 Preventive Medicine Counseling 30-44 Minutes</u>	\$468.00
<u>99432 Newborn Normal Care - In Office</u>	\$42.00
<u>G0396 Alcohol, substance screening; 15-30 minute intervention (per Unit)</u>	\$30.00
<u>G0397 Alcohol, substance screening; 30+ minute intervention (per Unit)</u>	\$58.00
<u>G0402 Welcome to Medicare Preventive Physical Exam (per Unit)</u>	\$170.00
<u>G0438 Annual Wellness Check Medicare New Patient (per Unit)</u>	\$180.00
<u>G0439 Annual Wellness Check Medicare Established Patient (per Unit)</u>	\$120.00
<u>A4460 Ace Wrap (per roll)</u>	\$7.00
<u>A4550 Surgical Tray</u>	\$42.00
<u>A4565 Sling</u>	\$21.00
<u>10120 Incision and Removal Foreign Object-Simple</u>	\$73.00
<u>10140 Incision and Drainage of Cyst, Hematoma or Seroma</u>	\$130.00
<u>10160 Puncture Aspiration of Abscess, Hematoma</u>	\$52.00
<i>Debridement</i>	
<u>11000 Infected Skin up to 10%</u>	

<u>11040 Skin Partial Thickness</u>	\$44.00 ¹	\$57.00 ¹
<u>11041 Skin Full Thickness</u>		\$52.00 ¹
<u>11042 Skin and Subcutaneous Tissue</u>		\$110.00 ¹
<u>11044 Skin, Tissue, Muscle, Bone</u>		\$218.00 ¹
<i>Avulsion</i>		
<u>11740 Toenail</u>		\$26.00 ¹
<u>11730 Nail Plate Single</u>		\$160.00 ¹
<u>11731 Nail Second</u>		\$42.00 ¹
<u>11732 Nail Each Additional Nail</u>		\$30.00 ¹
<u>11750 Excision for Nail/Matrix Permanent Removal</u>		\$296.00 ¹
<u>11765 Wedge Excision of Skin of Nail Fold Ingrown</u>		\$200.00 ¹
<u>A4570 Splint</u>		\$23.00 ¹
<u>Complete Blood Count</u>		\$5.00 ¹
<u>Complete Metabolic Panel</u>		\$6.00 ¹
<u>Cornell Well Child Check Visits</u>		\$36.00 ¹
<u>99361 Medical Conference by Physicians</u>		\$52.00 ¹
<u>Form 21</u>		\$73.00 ¹
Disability Exam		
<i>Check</i>		
<u>99381 New Patient Under 1</u>		\$140.00 ¹
<u>99382 New Patient Age 1-4</u>		\$165.00 ¹
<u>99383 New Patient Age 5-11</u>		\$160.00 ¹
<u>99384 Age 12-17</u>		\$190.00 ¹
<u>99385 Age 18-20</u>		\$188.00 ¹
<u>99391 Under 1</u>		\$125.00 ¹
<u>99392 Age 1-4</u>		\$130.00 ¹
<u>99393 Age 5-11</u>		\$130.00 ¹
<u>99394 Age 12-17</u>		\$166.00 ¹
<u>99395 Age 18-20</u>		\$150.00 ¹
<u>Federal Aviation Administration Exam</u>		\$52.00 ¹
<u>11100 Biopsy for Skin Lesion Subcutaneous</u>		\$165.00 ¹
<u>11101 Biopsy for Skin Subcutaneous Each Separate/Additional Lesion</u>		\$32.00 ¹
<u>11200 Removal Skin Tags 1-15</u>		\$125.00 ¹
<u>11201 Removal Skin tag any area, Each Add 10 Lesion</u>		\$14.00 ¹
<u>11300 Shave Biopsy for Epidermal/Dermal Lesion 1 Trunk-Neck</u>		\$140.00 ¹
<u>11305 Shave Excision and Electrocautery</u>		\$67.00 ¹
<u>G0008 Flu Shot Administration for Medicare</u>		\$30.00 ¹
<u>G0009 Injection Administration for Pneumonia without Physician for Medicare</u>		\$17.00 ¹
<u>G0010 Hepatitis B Vaccine Administration</u>		\$17.00 ¹
<u>G0101 Papanicolaou (PAP) with Breast Exam Cervical/Vaginal Screen</u>		\$42.00 ¹
<i>Medicare</i>		
<u>G0107 Hemocult</u>		\$10.00 ¹
<u>G0179 Physician Re-certification for Home Health</u>		\$83.00 ¹
<u>G0180 Physician Certification for Home Health</u>		\$83.00 ¹
<u>11310 Surgery by Electrocautery</u>		\$42.00 ¹
<i>Excision</i>		
<i>Benign</i>		
<i>Trunk/Arm/Leg</i>		
<u>11400 Lesion 0.5cm or Less</u>		\$162.00 ¹
<u>11402 Lesion 1.1-2.0 cm</u>		\$237.00 ¹

11401 Lesion 0.6-1cm	\$210.00
11403 2.1-3.0 cm	\$142.00
11404 3.1-4.0 cm	\$160.00
11420 Scalp/Neck/Genital 0.5 or less	\$90.00
11421 Lesion 0.6-1.0 cm	\$125.00
11422 Subcutaneous/Neck/Genital/Feet 1.1-2.0 cm	\$140.00
11423 Cyst	\$150.00
11440 Benign Face/Ear/Eyelid 0.5cm/less	\$100.00
11441 Benign Lesion Face/Ear/Eye/Nose 0.6-1.0 cm	\$125.00
11602 Malignant Trunk/Arm/Leg 1.1-2.0 cm	\$112.00
11604 3.1-4.0 cm	\$166.00
<i>Malignant</i>	
11622 Lesion Scalp/Neck/Hand/Feet/Genital 1.1-2.0 cm	\$166.00
11641 Face/Nose/Ear 0.6-1.0 cm	\$131.00
11642 Face/Nose Ears 1.1-2.0 cm	\$172.00
J0170 Injection for Epinephrine	\$10.00
J0290 Injection for Ampicillin Sodium 500 mg	\$8.00
J0540 Bicillin 1.2 million units	\$38.00
J0696 Rocephin 250 mg	\$47.00
J0702 Injection for Celestone 3 mg	\$12.00
J0704 Injection for Celestone 4 mg	\$12.00
J0780 Compazine up to 10 mg	\$16.00
J0810 Solu Medrol 150 mg	\$21.00
J1000 Estradiol	\$12.00
J1055 Depo-Provera	\$88.00
J1200 Benadryl up to 50 mg	\$10.00
J1390 Estrogen	\$31.00
J1470 Gamma Globulin 2 cc	\$21.00
J1820 Insulin up to 100 units	\$10.00
J2001 Lidocaine (per Unit)	\$30.00
J1885 Toradol 15 mg	\$21.00
11720 Debridement for Nails 1-5	\$27.00
11721 Debridement for Nails 6 or More	\$55.00
58110 Endometrial sampling in conjunction with colposcopy (per Unit)	\$65.00
36416 Capillary Blood Collection (per Unit)	\$7.00
31505 Laryngoscopy (per Unit)	\$70.00
1000cc normal saline J7030 (per Unit)	\$10.00
58100 Biopsy, Endometrial (per Unit)	\$130.00
76815 Ultrasound, pregnancy uterus, with image limited (per Unit)	\$100.00
93926 Duplex Scan Limited Study	\$130.00
93965 Doppler of Extremity	\$132.00
99386 Exam age 40-64 (per Unit)	\$238.00
99396 Medical Evaluation for Adult 40-64	\$180.00
94200 Peak Flow	\$21.00
99387 New Patient Preventive Medicine Services Age 65 and Older (per Unit)	\$200.00
94010 Spirometry	\$70.00
94060 Spirometry with Bronchodilators	\$64.00
IV Monitoring 1st half hour 96360 (per Unit)	\$60.00
85610 Prothrombin Time (sent out) (per Unit)	\$3.00
83036 Hemoglobin A1C (long-term blood sugar test) sent out (per Unit)	\$7.00

83013 H-Pylori Breath Test (per Unit)	\$63.00
<i>Arterial Studies</i>	
93923 (per Unit)	\$182.00
93924 (per Unit)	\$221.00
93922 (per Unit)	\$120.00
A6403 Gauze, 16-48 square inch (per Unit)	\$2.00
J2000 Xylocaine 0-55 cc	\$5.00
J2550 Phenergan up to 50 mg	\$10.00
82947 Glucose sent out (per Unit)	\$7.00
82575 Creatinine Clearance (per Unit)	\$18.00
90670 Pneumovax 13 (per Unit)	\$285.00
94640 Intermittent Pause Pressure Breathing Device - Nebulizer Breathing	\$42.00
99406 Smoking, Tobacco Cessation Counseling Visit 3-10 Minutes (per Unit)	\$14.00
94760 Pulse Oximetry - Oxygen Saturation	\$10.00
99407 Smoking, Tobacco Cessation Counseling Visit greater than 10 Minutes (per Unit)	\$26.00
95115 Injections for Allergy Only 1	\$15.00
96372 Injection administration (per Unit)	\$40.00
80305 Drug Screen Direct Observation (per Unit)	\$20.00
<i>Consult With Another Physician</i>	
99241 History, Exam, Straightforward	\$50.00
99242 Expanded History and Exam Straightforward	\$80.00
99243 Detailed History, Exam low complexity	\$100.00
99244 Comprehensive History, Exam moderate complexity	\$140.00
J3130 Testosterone	\$31.00
J3301 Kenalog-10 (per 10 mg)	\$31.00
Wood filler/paste A6261 (per Unit)	\$40.00
Viscous Lidocaine J8499 (per Unit)	\$5.00
Progesterone J2675 (per Unit)	\$4.00
90772 Injection Therapeutic, Diagnosis	\$18.00
95117 Injections for Allergy 2 or More	\$16.00
99188 App Topical Fluoride Varnish (per Unit)	\$20.00
95860 Electromyogram 1	\$81.00
99245 Office Consult for New or Established Patient	\$426.00
90805 Psychiatric Diagnosis Interview Follow-up Visit	\$92.00
<i>Family Dental Plan</i>	
D1352 Preventive Resin Restoration in a Moderate to High Caries Risk Patient (per Unit)	\$39.00
D2940 Protective Restoration (per Unit)	\$65.00
D2952 Post and Core in Addition to Crown (per Unit)	\$248.00
D6930 Recement a Three Unit Bridge (per Unit)	\$85.00
D7530 Surgical Incision (per Unit)	\$312.00
D7910 Suture of Recent Small Wounds up to 5 cm (per Unit)	\$250.00
D9420 Hospital or Ambulatory Surgical Center Call (per Unit)	\$98.00
D9440 After Hours Office Visit (per Unit)	\$86.00
D9910 Application of Desensitizing Medicament (per Unit)	\$26.00
D9930 Treatment of Complications (per Unit)	\$85.00
<i>Preventive</i>	
D1110 Prophylaxis-adult	\$80.00
D1120 Prophylaxis-child	\$61.00

<u>D1203 Topical application of fluoride excluding prophylaxis</u>	\$20.00
<u>D1206 Topical Fluoride Varnish: Therapeutic Application High Risk (per Unit)</u>	\$30.00
<u>D1208 Topical Application of Fluoride (per Unit)</u>	\$30.00
<u>D1351 Sealant (per tooth)</u>	\$47.00
<u>D4341 Periodontal Scaling and Root Planning Four or More Contiguous Teeth or Bounded Teeth Spaces (per Quadrant)</u>	\$245.00
<u>D4342 Periodontal Scaling and Root Planning 1-3 teeth (per Quadrant)</u>	\$143.00
<u>D4355 Full mouth debridement</u>	\$158.00
<u>D4910 Periodontal Maintenance (per Unit)</u>	\$150.00
<u>D4921 - Gingival Irrigation (per Quadrant)</u>	\$7.00
<i>Oral Evaluation</i>	
<u>D0120 Periodic</u>	\$52.00
<u>D0140 Limited</u>	\$65.00
<u>D0150 Comprehensive</u>	\$68.00
<u>D0170 Re-evaluation - Limited, Problem Focused (Established Patient) (per Unit)</u>	\$50.00
<u>D0180 Comprehensive Periodontal Evaluation (per Unit)</u>	\$58.00
<u>D0190 Screening of Patient (per Unit)</u>	\$25.00
<u>D0191 Assessment of Patient (per Unit)</u>	\$25.00
<u>D0210 Intraoral - complete series including Bitewings</u>	\$122.00
<u>D0220 Intraoral periapical</u> First film	\$23.00
<u>D0230 Intraoral periapical</u> Additional film	\$17.00
<u>D0240 Intraoral Occlusal Radiographic Image (per Unit)</u>	\$19.00
<u>D0270 Bitewing</u> Cost of single film	\$23.00
<u>D0272 Bitewing</u> Cost of two film	\$37.00
<u>D0273 Bitewings - Three Films (per Unit)</u>	\$56.00
<u>D0274 Bitewing</u> Cost of four film	\$56.00
<u>D0330 Panoramic Film</u>	\$101.00
<u>D9110 Palliative (Emergency) Treatment for Pain - Minor Procedure (per Unit)</u>	\$94.00
<i>Space Maintainer</i>	
<u>D1510 Fixed unilateral</u>	\$266.00
<u>D1515 Fixed bilateral</u>	\$269.00
<u>D1520 Removable unilateral</u>	\$319.00
<u>D1525 Removable bilateral</u>	\$346.00
<u>D1550 Recement</u>	\$68.00
<i>Amalgam</i>	
<u>D2140 One surface</u>	\$102.00
<u>D2150 Two surface</u>	\$133.00
<u>D2160 Three surface</u>	\$158.00
<u>D2161 4 or more surface</u>	\$190.00
<i>Resin</i>	
<u>D2330 One surface, anterior</u>	\$127.00
<u>D2331 Two surface, anterior</u>	\$158.00
<u>D2332 Three surface, anterior</u>	\$188.00
<u>D2335 4 or more surface-can be incisal angle, anterior</u>	\$224.00
<u>D2390 Resin-Based Composite Crown, Anterior (per Unit)</u>	\$291.00
<u>D2391 One surface, posterior</u>	\$141.00
<u>D2392 Resin-Based Composite - Two Surfaces, Posterior (per Unit)</u>	\$188.00

D2393 Resin-Based Composite - Three Surfaces, Posterior (per Unit)	\$227.00
D2394 Resin-Based Composite - Four or More Surfaces, Posterior (per Unit)	\$273.00
<i>Root Canal Therapy</i>	
D3310 Anterior	\$762.00
D3320 Bicuspid	\$891.00
D3330 1st molar	\$1,094.00
D3110 Pulp Cap-Direct (Excluding Final Restoration) (per Unit)	\$63.00
D3120 Pulp Cap-Indirect (Excluding Final Restoration) (per Unit)	\$69.00
D3220 Therapeutic pulpotomy	\$128.00
D3221 Open and Medicate	\$142.00
D3230 Pulpal Therapy-Anterior Primary Tooth (per Unit)	\$156.00
D3240 Pulpal Therapy-Posterior Primary Tooth (per Unit)	\$195.00
<i>Apicoectomy/periradicular surgery</i>	
D3410 - bicuspid	\$622.00
D3421 - bicuspid (1st root) (per Unit)	\$653.00
D3425 - molar (1st root) (per Unit)	\$780.00
D3426 - (Each additional root) (per Unit)	\$250.00
D3430 Retrograde filling	\$189.00
2700 Fee, Dental - Crown, Rush Procedure (per Unit)	\$60.00
D2740 Crown, Porcelain/Ceramic Substrate (per Unit)	\$1,105.00
D2750 Crown, Porcelain fused to High Noble Metal (per Unit)	\$1,105.00
D2751 Crown, Porcelain fused to Predominantly Base Metal (per Unit)	\$1,105.00
D2752 Crown, Porcelain fused to Noble Metal (per Unit)	\$1,105.00
D2751 Crown-porcelain fused to majority base metal	\$650.00
D2980 Crown Repair, By Report (per Unit)	\$120.00
D2920 Recement Crown	\$77.00
D2930 Refabricated stainless steel crown-primary	\$208.00
D2931 Refabricated stainless steel crown-permanent	\$236.00
D2950 Core build-up	\$198.00
D2951 Pin retention (per tooth)	\$46.00
D2954 Prefabricated post and core	\$251.00
D6240 Pontic, Porcelain fused to High Noble Metal (per Unit)	\$1,105.00
D6245 Pontic, Porcelain/Ceramic (per Unit)	\$1,105.00
D6740 Crown, Porcelain/Ceramic (per Unit)	\$1,105.00
D6242 Pontic, Porcelain fused to Noble Metal (per Unit)	\$1,105.00
D6750 Pontic, Porcelain fused to High Noble Metal (per Unit)	\$1,105.00
D6751 Pontic, Porcelain fused to Predominantly Base Metal (per Unit)	\$1,105.00
D6752 Pontic, Porcelain fused to Noble Metal (per Unit)	\$1,105.00
D6930 Recement Bridge (per Unit)	\$78.00
<i>Surgical Procedure</i>	
D4210 Gingivectomy or Gingivoplasty (per Unit)	\$468.00
D7111 Coronal Remnants	\$97.00
D7140 Single tooth extraction	\$123.00
D7210 Surgical removal erupted tooth	\$218.00
D7270 Tooth re-implantation with stabilization	\$244.00
D7286 Biopsy of oral tissue	\$236.00
D7410 Excision of benign tumor	\$472.00
D7510 Incision and drainage of abscess	\$169.00
D7960 Frenulectomy	\$232.00
D9230 Nitrous sedation/inhalation (per Unit)	\$72.00

D9248 Non-intravenous Conscious Sedation	\$156.00
<i>Denture</i>	
D5110 Complete upper	\$1,150.00
D5120 Complete lower	\$1,150.00
D5130 Immediate upper	\$1,237.00
D5140 Immediate lower	\$1,237.00
D5211 Upper partial-resin base	\$1,131.00
D5212 Lower partial-resin base	\$1,131.00
D5213 Upper partial-cast metal frame with resin base	\$1,250.00
D5214 Lower partial-cast metal frame with resin base	\$1,250.00
D5410 Adjust complete upper	\$88.00
D5411 Adjust complete lower	\$88.00
D5421 Adjust partial upper	\$88.00
D5422 Adjust partial lower	\$88.00
D5510 Repair broken complete base	\$224.00
D5520 Replace missing/broken teeth complete	\$260.00
D5610 Repair resin base-partial	\$156.00
D5620 Repair cast framework (per Unit)	\$180.00
D5650 Add tooth to existing partial	\$190.00
D5630 Repair or replace broken clasp	\$231.00
D5640 Replace broken teeth (per tooth)	\$200.00
D5750 Reline complete upper	\$359.00
D5751 Reline complete lower	\$359.00
D5760 Reline upper partial	\$383.00
D5761 Reline lower partial	\$383.00
D5850 Tissue Conditioning Maxillary (per Unit)	\$156.00
D5851 Tissue Conditioning Mandibular (per Unit)	\$156.00
D6241 Pontic, Porcelain fused to Predominantly Base Metal (per Unit)	\$1,105.00
D5660 Add Clasp to Existing Partial Denture (per Unit)	\$231.00
99406 Smoking, Tobacco Cessation Counseling Visit 3-10 Minutes (per Unit)	\$14.00
99407 Smoking, Tobacco Cessation Counseling greater than 10 Minutes (per Unit)	\$26.00
<i>Mobile Dental Equipment Fees</i>	
Mobile Dental Package Weekly (per Week) Plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative.	\$750.00
Additional dental operatory (per Week) Dental Operatory in addition to Mobile Dental Equipment Fees	\$187.00
D0145 Oral Evaluation for a patient under three years of age (per Unit)	\$39.00
D0160 Detailed and Extensive Oral Evaluation (per Unit)	\$25.00
D0171 Re-Evaluation Post-Operative Office Visit (per Unit)	\$50.00
D0460 Pulp Vitality Tests (per Unit)	\$50.00
D0470 Diagnostic Cast (per Unit)	\$50.00
D0999 (per Unit)	\$75.00
D1320 Tobacco Counseling for the control and prevention of oral disease (per Unit)	\$20.00
D1330 Oral Hygiene Instruction (per Unit)	\$20.00
D1353 Sealant Repair Per Tooth (per Unit)	\$43.00
D1516 Space Maintainer - Fixed Bilateral Maxillary (per Unit)	\$284.00
D1517 Space Maintainer - Fixed Bilateral Mandibular (per Unit)	\$284.00
D1526 Space Maintainer - Removable Bilateral Maxillary (per Unit)	\$268.00
D1527 Space Maintainer-Removable Bilateral Mandibular (per Unit)	\$284.00
D1555 Removal of Fixed Space Maintainer (per Unit)	

<u>D1575 Distal Shoe Space Maintainer - Fixed Unilateral (per Unit)</u>	\$50.00 ¹	\$37.00
<u>D1999 Unspecified Preventative Procedure, By Report (per Unit)</u>		\$45.00
<u>D2790 Crown, Full Cast High Noble Metal (Gold) (per Unit)</u>		\$975.00
<u>D2953 with a D2952 (per Unit)</u> each additionally indirectly fabricated post same tooth to be used		\$109.00
<u>D2999 Unspecified Restorative Procedure, By Report (per Unit)</u>		\$75.00
<u>D3999 Unspecified Endodontic Procedure, By Report (per Unit)</u>		\$75.00
<u>D4249 Clinical Crown Lengthening Hard Tissue (per Unit)</u>		\$472.00
<u>D4999 Unspecified Periodontal Procedure, By Report (per Unit)</u>		\$75.00
<u>D5511 Repair broken complete Denture base, Mandibular (per Unit)</u>		\$216.00
<u>D5512 Repair Broken Complete Denture Base, Maxillary (per Unit)</u>		\$216.00
<u>D5611 Repair resin partial Denture Base, Mandibular (per Unit)</u>		\$216.00
<u>D5612 Repair resin partial denture base, maxillary (per Unit)</u>		\$216.00
<u>D5621 Repair cast partial framework, Mandibular (per Unit)</u>		\$216.00
<u>D5622 Repair cast partial framework, Maxillary (per Unit)</u>		\$216.00
<u>D5820 Interim Partial Denture Maxillary (per Unit)</u>		\$330.00
<u>D5821 Interim Partial Denture Mandibular (per Unit)</u>		\$316.00
<u>D5876 Add Metal Sub-Structure to Acrylic Full Denture By Arch (per Unit)</u>		\$175.00
<u>D5999 Unspecified Removable Prosthodontic Procedure By Report (per Unit)</u>		\$75.00
<u>D6999 Unspecified Fixed Prosthodontic Procedure By Report (per Unit)</u>		\$75.00
<u>D7999 Unspecified Oral Surgery Procedure by Report (per Unit)</u>		\$75.00
<u>D9430 Office Visit for Observation (during regularly scheduled hours) - no other services performed (per Unit)</u>		\$75.00
<u>D9943 Occlusal Guard Adjustment (per Unit)</u>		\$37.00
<u>D9944 Occlusal Guard Hard Appliance Full Arch (per Unit)</u>		\$200.00
<u>D9945 Occlusal Guard Soft Appliance Full Arch (per Unit)</u>		\$200.00
<u>D9999 Unspecified Adjunctive Procedure by Report (per Unit)</u>		\$75.00
<i>Health Clinics</i>		
<u>J3401 Vistaril 25 mg</u>		\$12.00
<u>J3420 Injection B-12</u>		\$10.00
<u>J7300 Intrauterine copper contraceptive</u> contraception		\$900.00
<u>J7302 Levonorgestrel-releasing intrauterine contraceptive (per Unit)</u>		\$1,002.00
<u>J7320 Hyalgan, Synvisc</u> Knee Injection		\$281.00
<u>Y4600 Injection for Pediatric Immunization Only</u>		\$11.00
<u>Y9051 Records Sent to Case Worker</u>		\$16.00
<u>J7620 Albuterol Per ml, Inhalation Solution Durable Medical Equipment</u>		\$3.00
<u>J7625 Albuterol Sulfate 0.5%/ml Inhalation Solution Administration</u>		\$4.00
<u>Artificial Insemination 58321 (per Unit)</u>		\$250.00
<u>Malignant lesion removal 0.5 cm or less 11600 (per Unit)</u>		\$120.00
<u>L3908 Wrist Splint</u>		\$50.00
<u>Liver Function Test</u>		\$6.00
<u>Typhoid 90691 (per Unit)</u>		\$75.00
<u>IV Monitoring each additional hour 96361 (per Unit)</u>		\$20.00
<u>Lipid</u>		\$17.00
<u>Residual Functional Capacity Questionnaire</u>		\$52.00
<i>Established Patient</i>		
<u>99211 Brief</u>		\$30.00
<u>99211N Brief Night</u>		\$30.00
<u>84153 Prostate Specific Antigen Test</u>		\$42.00

95861 Electromyogram 2	\$139.00
<i>Established Patient</i>	
99212 Limited	\$65.00
99212N Limited Night	\$65.00
95900 Nerve Conduction Velocity Motor	\$42.00
95904 Nerve Conduction Velocity Sensory	\$35.00
<i>Established Patient</i>	
99213 Intermediate	\$108.00
99213N Intermediate Night	\$108.00
97035 Ultrasound	\$16.00
97110 Therapy	\$24.00
<i>Established Patient</i>	
99214 Extended	\$160.00
99214N Extended Night	\$160.00
97124 Massage	\$13.00
97260 Manipulate for Spinal 1 Area	\$16.00
<i>Established Patient</i>	
99215 Comprehensive	\$220.00
99215N Comprehensive Night	\$220.00
99050 After Hours	\$24.00
99058 Emergency Visit	\$36.00
10007 No Show Fee, Established Patient (per Unit)	\$35.00
99070 Eye Tray	\$19.00
10006 Same Day Cancellation, Established Patient (per Unit)	\$35.00
99080 Form 20 Disability Exam	\$88.00
10008 No Show Fee, Established Patient, Endodontist Appointment (per Unit)	\$75.00
99173 Visual Acuity Screening Test	\$10.00
10009 No Show Fee, Established Patient, Hospital Sedation (per Unit)	\$100.00
S0020 Marcaine up to 30 ml	\$18.00
76801 Ultrasound, pregnancy uterus, first trimester trans-abdominal approach (per Unit)	\$130.00
76805 Ultrasound, pregnancy uterus, after first trimester trans-abdominal approach (per Unit)	\$150.00
<i>New Patient</i>	
99201 Brief	\$65.00
99201N Brief Night	\$65.00
90791 Psychiatric diagnosis evaluation w/o medical service (per 15 minutes)	\$40.00
<i>New Patient</i>	
99202 Limited	\$110.00
99354 Prolonged Services for one Hour	\$73.00
<i>New Patient</i>	
99202N Limited Night	\$110.00
International Normalized Ratio home testing review G0250 (per Unit)	\$8.00
A6402 Gauze, less than 16 square inch (per Unit)	\$1.00
<i>New Patient</i>	
99203 Intermediate	\$160.00
99203N Intermediate Night	\$160.00
<i>Repair</i>	
<i>Colposcopy</i>	
57455 Cervix With Biopsy	\$156.00
57456 Cervix With Electrocautery conization	\$146.00

<i>New Patient</i>	
99204 Extended	\$245.00 ¹
99204N Extended Night	\$245.00 ¹
<i>Repair</i>	
<i>Colposcopy</i>	
57421 Biopsy of Vagina/Cervix	\$156.00 ¹
57511 Cryocautery Cervix for Initial or Repeat	\$83.00 ¹
<i>New Patient</i>	
99205 Comprehensive	\$315.00 ¹
99205N Comprehensive Night	\$315.00 ¹
<i>Repair</i>	
<i>Culture</i>	
87060 Strep	\$17.00 ¹
<i>Bacterial</i>	
87070 Culture - Throat	\$16.00 ¹
S9981 Medical Records Copying Fee, Administration	\$21.00 ¹
Supplemental Security Insurance Exam	\$113.00 ¹
<i>Repair</i>	
<i>Culture</i>	
<i>Bacterial</i>	
87077 Incision and Drainage	\$16.00 ¹
87081 Single Organism	\$14.00 ¹
87086 Bacterial Urine	\$12.00 ¹
87088 Bacterial Urine Identification and Quantification	\$12.00 ¹
10040 Acne Surgery	\$48.00 ¹

LPA

<i>Quarterly Premium</i>	
<u>Plan B</u>	
138%-150% of Poverty Level	\$30.00 ¹
<u>Plan C</u>	
150%-200% of Poverty Level	\$75.00 ¹
<u>Late</u>	\$15.00 ¹