

KITSAP COUNTY HEALTH DISTRICT

Community Health Division Schedule of Charges September 2008

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Office Visits

Office Visit		
		Charge
*99201	Problem Focused (new Pt)	80.00
*99202	Expanded Problem (new Pt)	100.00
*99203	Detailed (new Pt)	140.00
*99204	Comprehensive (new Pt)	186.00
*99205	Complex (new Pt)	234.00
*99211	Minimal (est. Pt) – may not require MD/ARNP/PA	40.00
*99212	Problem Focused (est. Pt)	75.00
*99213	Expanded Problem (est. Pt)	135.00
*99214	Detailed (est. Pt)	122.00
*99215	Comprehensive (est. Pt)	180.00

HRSA Eligible Patients – Immunization Administration Fees		
		Charge
90471-SL	Administration Fee 1 st vaccine - same visit	12.45
90472-SL	Administration Fee 2 nd vaccine - same visit	6.45

HRSA Eligible Patients – Requires MD/ARNP/PA		
	<i>Maximum Allowable Charges as of July 1, 2008</i>	Charge
99384	Comprehensive Preventive Visit (new Pt) age 12-17yrs	97.29
99385	Comprehensive Preventive Visit (new Pt) age 18-39yrs	99.38
99386	Comprehensive Preventive Visit (new Pt) age 40-64yrs	116.81
99384-52	Comprehensive Preventive Visit (new Pt) age 12-17yrs	75.73
99385-52	Comprehensive Preventive Visit (new Pt) age 18-39yrs	77.82
99386-52	Comprehensive Preventive Visit (new Pt) age 40-64yrs	95.25
99394	Comprehensive Preventive Visit (est. Pt) age 12-17 yrs	79.50
99395	Comprehensive Preventive Visit (est. Pt) age 18-39 yrs	82.29
99396	Comprehensive Preventive Visit (est. Pt) age 40-64 yrs	89.62
99394-52	Comprehensive Preventive Visit (est. Pt) age 12-17 yrs	57.94
99395-52	Comprehensive Preventive Visit (est. Pt) age 18-39 yrs	60.73
99396-52	Comprehensive Preventive Visit (est. Pt) age 40-64 yrs	68.06
V72.31/ GO101	CA screen: pelvic/breast exam	21.56
99401	Patient Education	21.79

Immunizations

Immunizations (State-Supplied)		
		Charge
*90702-SL	Diphtheria Tetanus (DT)	6.00
*90700-SL	Diphtheria, Tetanus acellular Pertussis (DTaP)	6.00
*90649-SL	Human Papillomavirus Vaccine	6.00
*90648-SL	Haemophilus Influenza type b (Hib)	6.00
*90633-SL	Hepatitis A (pediatric/adolescent)	6.00
*90746-SL	Hepatitis B (adult perinatal)	No charge
*90744-SL	Hepatitis B (pediatric/adolescent)	6.00
*90658-SL	Influenza	6.00
*90713-SL	Injectable Polio Vaccine (IPV)	6.00
*90707-SL	Measles Mumps Rubella (MMR)	6.00
*90734-SL	Meningococcal-conjugate	6.00
*90723-SL	DtaP/IPV/Hepatitis B Combination Vaccine	6.00
*90732-SL	Pneumococcal, 23-valent	6.00
*90669-SL	Pneumococcal, 7-valent	6.00
*90710-SL	MMR/Varicella Combination Vaccine	6.00
*90680-SL	Rotavirus Vaccine	6.00
*90715-SL	Tetanus diphtheria acellular pertussis(Tdap)	6.00
*90718-SL	Tetanus diphtheria (Td)	6.00
*90716-SL	Varicella	6.00
Immunizations (Private-Purchase)		
		Charge
99211	Office Visit/Travel Assessment Fee	90.00
90632	Hepatitis A, adult	30.00
90636	Hepatitis A and Hepatitis B, adult, combo	55.00
90746	Hepatitis B, adult	35.00
90281	Immune Globulin (IG) contacts	Cost
*90658	Influenza	20.00
90713	Injectable Polio Vaccine (IPV)	35.00
90707	Measles Mumps Rubella (MMR)	65.00
90734	Meningococcal-conjugate	130.00
90733	Meningococcal-polysaccharide	135.00
*90732	Pneumococcal, 23-valent, adult	45.00
90715	Tetanus diphtheria acellular pertussis(Tdap)	45.00
90718	Tetanus diphtheria (Td)	25.00
90691	Typhoid - injectable	55.00
	Typhoid – injectable/Syringe	65.00
90690	Typhoid, oral	50.00
90716	Varicella	110.00
90717	Yellow Fever, includes certificate	100.00
	Travelers Certificate Book -- No Injection	2.00

*The Health District reserves the right to reduce or waive fees based on the attached discount schedule. All prices for supplies listed in the fee schedule include Washington State Sales Tax which has been paid by the Kitsap County Health District to the vendor of the supply.

Communicable Disease and Tuberculosis

Laboratory (In-House)		
		Charge
86580	TB Test and/or Certificate	5.00

Laboratory (Outside)		
		Charge
ONLY One Draw Fee Per Visit		
*36415	Venipuncture	40.00
*80053	Comprehensive Metabolic Panel	40.00 plus cost
*80076	Hepatic Function Panel	40.00 plus cost
86706	Hepatitis B, surface antibody (anti-HBs)	40.00 plus cost
*86592	HIV testing (serum)	40.00 plus cost
*86592	HIV testing (Orasure or Quick Test)	cost
*86765	Measles Titer (rubeola)	40.00 plus cost
*86735	Mumps Titer	40.00 plus cost
*86762	Rubella Titer	40.00 plus cost
*86787	Varicella Titer	40.00 plus cost
*86592	VDRL	40.00 plus cost
*89220	Sputum	postage

All Other Outside Laboratory

Draw fee plus outside laboratory charge (may require a special packaging and mailing fee)

ALL outside laboratory must be billed to Medicaid or private insurance by the outside laboratory and/or paid by the patient at the time of service.

Communicable Disease and Tuberculosis

X-Rays		
		Charge
71010	Chest X-Ray, single view	35.00
71020	Chest X-Ray, two view	50.00

Medications		
		Charge
	*Ethambutol, 400 mg, #60	70.00
	*Ethambutol, 400 mg, #90	100.00
	*INH, 100 mg, #60	5.00
	*INH, 100 mg, #75	5.00
	*INH, 300 mg, #30	4.00
	*INH, 300mg, #24 pre-packed	5.00
	*Pyridoxine, 50 mg, #30	3.00
	*PZA, 500 mg, #60	45.00
	*PZA, 500 mg, #90	65.00
	*Rifamate, #60	115.00
	*Rifampin, 150 mg, #30	30.00
	*Rifampin, 300 mg, #60	45.00
	*Rifampin, 300 mg, #60 pre-packed	45.00
	*Rifampin, 300 mg, #16	15.00
	*Prescription Medications	40.00 plus cost

Home Visits – Tuberculosis Patient		
		Charge
*99341	Home Visit – New Patient by PA/RN	40.00
*99347	Home Visit – Established Patient by PA/RN	35.00
*T1020.TS	Home Visit – Established Patient by Case Mgt.	25.00

US Citizenship and Immigration Service Physical Exams

Immigration Screenings (CIS)		
		Charge
99204	Citizenship Physical Exam - Over age 15	186.00
99203	Citizenship Physical Exam - Under age 15.	140.00

Fees listed above are for professional services only. Additional services required by Citizenship and Immigration Service for completion of the exam process will be provided according to the current fee schedule.

Reproductive Health (Family Planning & STI)

Take Charge		
		Charge
T1023-FP	Intake Assessment (Take Charge)	26.00

Procedures		
		Charge
*54050	Cryotherapy, CO2 Slush and/or liquid N2 (<i>Male</i>)	75.00
*57061	Cryotherapy, CO2 Slush and/or liquid N2 (<i>Female</i>)	70.00
57170	Diaphragm/Cervical cap fitting with instructions	45.00
*90772	Injection (IM or SUBQ) Therapeutic does not include medication charge	40.00 plus cost
*58300	IUD insertion (device extra, under supplies)	50.00
*58301	IUD removal	60.00

Laboratory (In-House)		
		Charge
*81025	Pregnancy test - urine	5.00
*81002	Urinalysis, w/o microscopic, dipstick (all)	5.00
*87210	Wet mount	5.00

Reproductive Health Clinical Laboratory may be billed to Medicaid by KCHD

Laboratory (Outside Lab)		
		Charge
*87491	Chlamydia/GC DNA amp probe	cost
*87491	Chlamydia/GC DNA amp probe (Region X Chlamydia Project)	No charge
*87491	Chlamydia/GC DNA amp probe/Aptima combo II	32.00
*85018	Hemoglobin	40.00 plus cost
*88150	Pap smear	15.00
*81001	Urinalysis, complete	cost
*86592	VDRL	40.00 plus cost
*86701	HIV testing (serum)	40.00 plus cost
*86701	HIV testing (Orasure or Quick Test)	cost
*36415	Venipuncture	40.00
*87070	Culture, any source	cost
*87252	Herpes culture	cost

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Reproductive Health (Family Planning & STI)

X-Rays		
		Charge
77056	Mammogram	cost

Prescriptions and Medications		
		Charge
*S4993	Birth Control Pills	Cost
*J3490	Emergency Contraceptive Pills (Plan B)	Cost
*J7304	Contaceptive Patch-Ortho Evra	Cost
*J7303	Contraceptive Ring-Nuva Ring	Cost
*A4269	Vaginal Film	Cost
*A4267	Condoms	Cost
*S9430	Dispensing fee/price per unit dispensed	11.50
*J1055	Depo-Provera	Cost
*90772	Injection fee	40.00
*J7300	IUD - Copper Device (Paragard)	cost
*J7302	IUD - Mirena	cost
58300	IUD insertion	50.00
58301	IUD removal	60.00
		40.00
	*Prescription Medications	plus cost

All birth control methods are available with a prescription.

Infectious Disease Case Management

Counseling – Individual (HIV/AIDS)		
		Charge
*V65.44	Prevention Counseling (Risk reduction intervention HIV/AIDS)	36.00
*86701	HIV testing (orasure or quick test) – HIV-1	Cost

HRSA Eligible Patients – HIV/AIDS Case Management		
		Charge
*T2022-U8	Case Management, per month (full month)	173.72
*T2022-U9	Case Management, per month (partial month)	86.86
*T1023	Comprehensive Assessment	139.12

Parent Child Health

Maternity Support Services/Infant Case Management – Parent Child Health		
		Charge
*T1002-HD	RN Services, up to 15 minutes (1 unit = 15 minutes) – OV	25.00/unit
*T1002-HD	RN Services, up to 15 minutes (1 unit = 15 minutes) HV	35.00/unit
*96152-HD	Intervene Health/Behavior, individual (1 unit = 15 minutes) - OV	25.00/unit
*96152-HD	Intervene Health/Behavior, individual (1 unit = 15 minutes) - HV	35.00/unit
*T1017-HD	Targeted Infant Case Management, each 15 min. (1 unit = 15 min)	20.00/unit
*T1023-HD	Family Planning Performance Measure	10.00
*S9075-HD	Tobacco Cessation P.M.	10.00

WIC (Womens, Infants, and Children)		
		Charge
*S9470-HD	Nutritional Counseling, dietician visit (1 unit = 15 minutes) - OV	25.00/unit
*S9470-HD	Nutritional Counseling, dietician visit (1 unit = 15 minutes) - HV	35.00/unit
*T1019-HD	Personal Care Services, per 15 minutes (CHW) – OV	14.00/unit
*T1019-HD	Personal Care Services, per 15 minutes (CHW) – HV	18.00/unit

Miscellaneous

Miscellaneous Services		Charge
	Assessment/Epidemiologist Services	
	Community Health Assessment-Epidemiologist	85.00
	Community Health Assessment- Senior Epidemiologist	100.00

	Birth/Death Records (per RCW 70.58.107-230)	
	Birth Certificate, Certified	20.00
	Birth Certificate, search without results	8.00
	Death Certificate, Certified	20.00
	Certification of burial-transit permit - out of county death	1.00
	Death Certificates, Certified – corrected copy	20.00
	Birth or Death Certificate, mailing costs (District's handling fee plus postage, special handling or other shipping costs)	4.00 plus mail cost

	Miscellaneous Services	
	*Educational Presentation, per hour	100.00
	FAX, per page	1.00
	*Notary Fee (per WAC 308-30-020)	10.00
	NSF Fee	25.00
	Photocopies, per page (per RCW 41.17.300)	0.15
	*Special Group Clinics - Travel & Set Up Fee ONLY. Injection fee charged separately using the per patient injection charge set forth herein.	100.00

Medical Records Requests (per WAC 246-08-400):		Charge
	HIPAA-Covered Individuals	
	Copies of medical records for patients or a patient's legal representatives will be provided subject to a reasonable cost-based fee. This fee includes only the cost of copying, including the cost of supplies for and labor of copying, and actual postage if requested to be mailed. The cost can include the cost of preparing a summary of the protected health information if agreed to in advance.	
	Copies - first 30 pages	.96/page
	Copies - after 30 pages	.73/page
	Clerical Fee for Searching & Handling	22.00
	Physician or Program Manager Edit of Record (office visit fee)	75.00
	Transfer of Medical Records (fee based on time and copy costs as set forth in this section above)	

The fees approved for the Community Health Division and administrative services utilize a sliding fee schedule revised during the first quarter of each new year due to receipt of new federal poverty level guidelines. Revisions of the sliding fee schedule will automatically be incorporated into this document when received.

The Health District reserves the right to increase or decrease the fee/charge for vaccines, drugs, and medical supplies when vendors increase and decrease the cost of these items. The Health District also reserves the right to automatically adjust any fees herein based on the maximum allowable Medicaid reimbursement rate.