

**FRANKLIN COUNTY
COMMISSION AGENDA ITEM**

TO: BOARD OF FRANKLIN COUNTY COMMISSIONERS	Reviewed:
FROM: Midge Ransom	Ext: 3531
DEPARTMENT: Health Department	
DATE: Monday, March 1, 2010	No:

ITEM: Discuss the Health Department Fee Schedule.

Background: The capability to bill insurance and the cost analysis completed in 2009 demonstrates a need to reconstruct the service fees charged to clients. The new fee schedule is adjusted to include additional services and to reflect a minor increase in costs.

Recommended Action: Discuss the fee schedule.

Attachments: Fee Schedule and Explanation of Application for Clients

Franklin County Health Department Schedule of Fees and Services

The following schedule reflects the current programs offered by the health department and the constituent groups who utilize services. Taken into consideration are income levels, employment, health insurance coverage, recommendations from Centers for Disease Control and Kansas Department of Health and Environment.

I. Immunizations

Private vaccine costs are adjusted by manufacturers approximately every six months to a year. Private vaccine use is roughly equal to our state-provided vaccine. Vaccine costs between \$9.00 and \$170.00 per dose. Prices charged for private vaccine alone will be adjusted semi-annually to the next highest dollar over our actual cost at the time of review. In the case that any vaccine cost changes by 10% or more during the year other than at the time of review, a new price will be established.

State and Federal Vaccines are received at no charge unless they are inappropriately given and therefore no fee will be charged to clients for this vaccine. State and federal guidelines for use of the vaccine are followed.

Vaccine administration fees are assessed to offset the direct costs of administering each immunization. Associated direct costs include syringes, alcohol, other supplies and staff time.

II. Family Planning and Maternal and Child Health Services

Family planning service fees will be determined from a yearly cost analysis. All family planning service fees are on a sliding scale based upon income after any third party payments have been applied. The income guidelines are a directive from the federal program. If clients choose to not complete the income verification worksheet, they will be charged the full fee.

III. Child Care Licensing

County fees for child care licensing services include complaints, compliance checks, and initial licensing of a facility. The state collects fees for licensing in addition to local fees. A cost analysis based upon the average amount of time the surveyor spends on each service plus average mileage to facilities will be completed annually and used to establish the fee. See current (established 1996) and recommended fee schedule attached.

IV. Other Clinic Fees

- a. Laboratory:** Insurance, including Medicaid/Medicare, will be billed by the laboratory at the charge they establish. Cash customers will be billed the current fee

as charged by the laboratory to the health department. A lab collection/handling fee will be added to specimens sent to outside laboratories. In-house labs will be included in the office visit fees as appropriate to the service being provided. No more than one lab collect fee shall be charged per client per visit. Screenings or other laboratory tests not a part of a visit will be billed at the full rate as indicated on the fee schedule.

- b. Special vaccine programs:** Administration fees for influenza vaccine campaigns and other special vaccination programs may be waived when its purpose is to reduce a communicable disease outbreak and vaccine is provided at no charge by federal, State or other outside funder. Seasonal influenza fees will be established at the allowable insurance rate, with reductions allowed in administration fees for cash payers.
- c. Pharmaceuticals:** Most pharmaceuticals are purchased through the government 340B drug program at greatly reduced rates. These cost savings will be passed on to clients by billing actual cost. A medication preparation fee will be applied to pharmacy orders, but not more than one preparation fee per each client visit.

Item Price List										
Item	ICD Code	Material or Contractor Cost	Time	U/M	Current Fee	Proposed Fee	Level D fee	Level C	Level B	Level A
CCL Complaint	Charge for confirmed complaint against provider..		65.00 each (ea)		50.00	50.00				
CCL compliance check			46.00 each (ea)		25.00	30.00				
CCL License fee (annual) Home		2.00	50.00		50.00	50.00				
CCL License fee (annual) School, Center, Preschool, Detention ctr					100.00	100.00				N/A
Nursing Procedures:Injection (first vaccine)										
	90471	1.25	16.33 each (ea)		10.00	14.00	10.50	7.00	5.25	0.00
Nursing Procedures:Injection (additional vaccine)										
	90472		8.00		5.00	14.00	10.50	7.00	5.25	0.00
	Includes PPD	0.00	16.00 each (ea)		10.00	16.00	12.00	8.00	4.00	0.00
Nursing Procedures:Medication Preparation/dispense Fee										
	90672		7.50			12.00	9.00	6.00	3.00	0.00
Nursing Procedures:B12 Injection										
		0.75	12.00 each (ea)		10.00	12.00	9.00	6.00	3.00	0.00
Nursing Procedures:Blood Draw										
	Venipuncture	0.50	15.00 each (ea)		10.00	15.00	11.25	7.50	3.75	0.00
Nursing Procedures:Blood Pressure										
		0.00	15.00		2.00	2.00	1.50	0.10	0.50	0.00
Nursing Procedures:Flouride Varnish (kits free from state)										
		1.85	15.00 each (ea)		17.00	17.00	12.75	8.50	4.25	0.00
Nursing Procedures:Head Check										
	Check for lice and nits	0.00	10.00 each (ea)		5.00	5.00	3.75	2.50	1.25	0.00
Nursing Procedures:Audiometric test										
	92552	0.00	15.00 each (ea)		5.00	10.00	7.50	5.00	2.50	0.00
Nursing Procedures: Typanogram										
			15.00							0.00
Nursing Procedures:HPV Treatment										
		1.00	25.00 each (ea)		5.00	25.00	18.75	12.50	6.25	0.00
Nursing Procedures:Physical										
	Day care or sports	0.00	29.00 each (ea)		20.00	25.00	18.75	12.50	6.25	0.00
Nursing Procedures:Physical:KBH										
	99392,99393,99432	0.00	40.00 each (ea)		70.00	70.00	52.50	35.00	17.50	0.00
Nursing Procedures:Lab Collect										
	99000	3.00	15.00 each (ea)			20.00	15.00	10.00	5.00	0.00
Collection					12.50	12.50	n/a	n/a	n/a	n/a
Nursing Procedures:Vision Test										
		0.00	10.00		5.00	5.00	3.75	2.50	1.25	0.00
Nursing Procedures:Well Baby Check										
	99391,99381,99173	0.00	15.00 each (ea)		20.00	20.00	15.00	10.00	5.00	0.00
Check			45.00			65.00	48.75	32.50	16.25	0.00
Nursing Procedures:Annual visit										
		varies	50.05		37.00	N/A				
Depopovera Injection										
	96372	2.00	15.00			24.00	18.00	12.00	6.00	0.00
Office Visit										
		0.00	29.00 each (ea)		20.00	N/A				
New - brief exam										
	99201		27.00			27.00	20.25	13.50	6.75	0.00
New- Limited exam										
	98202		47.00			47.00	35.25	23.50	11.75	0.00
New - Intermediate exam										
	98203		67.00			67.00	50.25	33.50	16.75	0.00
New - Comprehensive exam										
	98204		105.00			105.00	78.75	52.50	26.25	0.00
Cont. - Brief										
	99211		13.00			13.00	9.75	6.50	3.25	0.00
Cont. - Limited exam										
	99212		27.00			27.00	20.25	13.50	6.75	0.00
Cont. - Intermediate exam										
	99213		46.00			46.00	34.50	23.00	11.50	0.00

Item	ICD Code	Material or Contractor Cost	Time	U/M	Current Fee	Proposed Fee	Item Price List			
							Level D fee	Level C	Level B	Level A
Cont. - Comprehensive exam	99214		69.00			69.00	51.75	34.50	17.25	0.00
Preventive visit - new, 5-11	99383					70.00	52.50	35.00	17.50	0.00
Preventive visit - new 12-17	99384		71.00			80.00	60.00	40.00	20.00	0.00
Preventive visit - new 18-39	99385		71.00			90.00	67.50	45.00	22.50	0.00
Preventive visit - new 40-64	99386		83.00			90.00	67.50	45.00	22.50	0.00
Preventive visit - new 65+	99387					100.00	75.00	50.00	25.00	0.00
Preventive visit, est 5 -11	99393					50.00	37.50	25.00	12.50	0.00
Preventive visit, est 12-17	99394		63.00			65.00	48.75	32.50	16.25	0.00
Preventive visit, est 18-39	99395		63.00			65.00	48.75	32.50	16.25	0.00
Preventive visit, est 40-64	99396		69.00			72.00	54.00	36.00	18.00	0.00
Preventive visit, est 65+						75.00	56.25	37.50	18.75	0.00
Condyloma Treatment (vulva) ANRP	56501	1.00	45.00			69.00	51.75	34.50	17.25	0.00
Condyloma Treatment (penis) ANRP	54050	1.00	45.00			69.00	51.75	34.50	17.25	0.00
Individual counseling (15 min)	99401		23.00			23.00	17.25	11.50	5.75	0.00
Individual counseling (30 min)	99402		40.00			40.00	30.00	20.00	10.00	0.00
Individual counseling (45 min)	99403		57.00			57.00	42.75	28.50	14.25	0.00
Individual counseling (60 min)	99404		74.00			74.00	55.50	37.00	18.50	0.00
Includes educ/counseling										
Contraceptives		0.00								
Contraceptives:Apri		7.39		each (ea)		20.00 at cost				
Contraceptives:Brevicon		3.63		each (ea)		20.00 at cost				
Contraceptives:Condoms		0.05		each (ea)		0.00				
Contraceptives:Depoprovera		8.25		each (ea)		35.00 at cost				
Contraceptives:Desogen		10.02		each (ea)		20.00 at cost				
Contraceptives: Lo-Overal		9.67		dose (dose)		25.00 at cost				
Contraceptives:Microgestin		7.90		each (ea)		20.00 at cost				
Contraceptives:Micronor		4.13		each (ea)		20.00 at cost				
Contraceptives:NuvaRing		15.75		each (ea)		40.00 at cost				
Contraceptives:Ortho777		6.29		each (ea)		20.00 at cost				
Contraceptives:Tricyclen		4.85		each (ea)		20.00 at cost				
Contraceptives:Yasmin		10.44		each (ea)		25.00 at cost				
Medications		0.00		each (ea)		0.00				
State Meds/STD		0.00				0.00				
State Meds/TB		0.00				0.00				
Medications:Acyclovir 400		0.0942		each (ea)		0.20 at cost				
Medications:Acyclovir 800		0.09		each (ea)		0.20 at cost				
Medications:Amoxicillin		0.05		each (ea)		0.20 at cost				

Item Price List										
Item	ICD Code	Material or Contractor Cost	Time	U/M	Current Fee	Proposed Fee	Level D fee	Level C	Level B	Level A
Medications: Azythromycin		0.35		each (ea)	1.00 at cost					
Medications: Cephalixin 250		0.10		each (ea)	0.18 at cost					
Medications: Cephalixin 500		1.54		14 pills (14)	5.00 at cost					
Medications: Ciprofloxin		0.05		each (ea)	0.20 at cost					
Medications: Doxycycline		0.00		each (ea)	0.20 at cost					
Medications: Fluconazole		0.08		each (ea)	0.20 at cost					
Medications: Guaifenesin		0.02		each (ea)	0.20 at cost					
Medications: Metronidazole 250		2.80		28 pills (28p)	5.00 at cost					
Medications: Metronidazole 500		1.54		14 pills (14)	5.00 at cost					
Medications: Prednisone		0.03		each (ea)	0.20 at cost					
Medications: Sulfameth/frem		0.38		each (ea)	8.50 at cost					
Vaccine: Adult Vaccine		0.00			0.00	Cost +1.00				
Vaccine: Adult Vaccine: Decavac	Tetanus Diptheria	19.15		dose (dose)	25.00	Cost +1.00				
Vaccine: Adult Vaccine: Gardasil		130.27		each (ea)	135.00	Cost +1.00				
Vaccine: Adult Vaccine: Hep A Adult		20.50		each (ea)	22.50	Cost +1.00				
Vaccine: Adult Vaccine: Hep B		30.37			34.00	Cost +1.00				
Vaccine: Adult Vaccine: Menactra		93.87		dose (dose)	96.00	Cost +1.00				
Vaccine: Adult Vaccine: MMR		48.31		each (ea)	53.00	Cost +1.00				
Vaccine: Adult Vaccine: Pneumovax	Pneumonia	30.37		each (ea)	33.00	Cost +1.00				
Vaccine: Adult Vaccine: Rabies		195.33		each (ea)	195.33	Cost +1.00				
Vaccine: Adult Vaccine: Td		19.36		each (ea)	15.00	Cost +1.00				
Vaccine: Adult Vaccine: TdaP-Adacel		34.61		each (ea)	35.00	Cost +1.00				

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Item	ICD Code	Material or Contractor Cost	Time	U/M	Current Fee	Proposed Fee	Level D fee	Level C	Level B	Level A
Vaccine:Adult Vaccine:Twinrix		46.15		each (ea)	47.50	Cost +1.00				
Vaccine:Adult Vaccine:Varicella		80.58		each (ea)	85.00	Cost +1.00				
Vaccine:Adult Vaccine:Zostrix		153.93		each (ea)	156.00	Cost +1.00				
Vaccine:Child Vaccine:Act Hib		15.96		each (ea)	18.00	Cost +1.00				
Vaccine:Child Vaccine:Adacel	Adacel	34.61		each (ea)	37.00	Cost +1.00				
Vaccine:Child Vaccine:Boostrix	TDap	35.91		dose (dose)	38.00	Cost +1.00				
Vaccine:Child Vaccine:Comvax		0.00		each (ea)	0.00	Cost +1.00				
Vaccine:Child Vaccine:Decavac		19.49		each (ea)	0.00	Cost +1.00				
Vaccine:Child Vaccine:Gardasil		130.27		each (ea)	135.00	Cost +1.00				
Vaccine:Child Vaccine:Hep A/ped	Havrix..	25.75		each (ea)	26.00	Cost +1.00				
Vaccine:Child Vaccine:Hep B/ped	Engerix	11.25		each (ea)	13.25	Cost +1.00				
Vaccine:Child Vaccine:HIB		16.00		each (ea)	16.00	Cost +1.00				
Vaccine:Child Vaccine:Infanrix	Dtap	15.48		each (ea)	18.00	Cost +1.00				
Vaccine:Child Vaccine:Influenza		12.00		each (ea)	13.00	Cost +1.00				
Vaccine:Child Vaccine:Influenza 1/2 dose	6 mo - 36 mo only	4.03		each (ea)	5.00	Cost +1.00				
Vaccine:Child Vaccine:Influenza 2009		8.05		each (ea)	19.00	Cost +1.00				
Vaccine:Child Vaccine:IPV		22.80			24.00	Cost +1.00				
Vaccine:Child Vaccine:Kinrix		36.64		dose (dose)	39.50	Cost +1.00				
Vaccine:Child Vaccine:Menactra		93.87		each (ea)	96.00	Cost +1.00				
Vaccine:Child Vaccine:MMR		48.31		each (ea)	53.00	Cost +1.00				
Vaccine:Child Vaccine:Pediarix	IPV, HepB,DTaP	55.50			57.50	Cost +1.00				
Vaccine:Child Vaccine:PedvaxHIB		0.00		dose (dose)	0.00	Cost +1.00				

Item Price List										
Item	ICD Code	Material or Contractor Cost	Time	U/M	Current Fee	Proposed Fee	Level D fee	Level C	Level B	Level A
Vaccine:Child Vaccine:Pentacel		72.91		dose (dose)	75.00	Cost +1.00				
Vaccine:Child Vaccine:Pevnar		82.22		each (ea)	78.00	Cost +1.00				
Vaccine:Child Vaccine:Recombivax	Hep B	23.37		each (ea)	26.00	Cost +1.00				
Vaccine:Child Vaccine:Rotarix	2 dose series	94.50		each (ea)	96.50	Cost +1.00				
Vaccine:Child Vaccine:Rototeq	3 dose series	68.84			70.00	Cost +1.00				
Vaccine:Child Vaccine:Td		19.36		each (ea)	25.50	Cost +1.00				
Vaccine:Child Vaccine:Varicella		83.67			85.00	Cost +1.00				
Vaccine:FluMist						Cost +1.00				
Vaccine:TB Testing:TB Vaccine		2.51		each (ea)	3.00	n/a				
Records Fee base	Medical Records Request	0.00	15.00			Current allowable adjusted annually				
Records Fee base:Records Fee x page above waived for immunization records	Charge for each additional page after 5 pages	0.05	varies			18.18				
Adult Hep A & B	High risk adult program	0.00				0.00				
Cocoon Project	Tdap administration fee for newborn caregivers	0.00				0.00				
ARRA Varicella	Adolescent booster					0.00				
Seasonal Influenza 2010-2011	Adult rate					29.00				
H1N1	H1N1 pandemic					0.00				
Laboratory:Blood Sugar (RMH)	Health fair	4.00		each (ea)	15.00	5.00				
Laboratory:CBC (RMH)	KBH	4.50		each (ea)	5.00					
Laboratory:PSA (RMH)	Health Fair	8.50		each (ea)	15.00	12.00				
Laboratory:Lipid Profile (RMH)	Health fair	12.00		each (ea)	15.00	15.00				
(state)	in criteria	1.85	17.00	each (ea)	0.00	0.00				
(state)	out of criteria	1.85	17.00	each (ea)	20.00	20.00	15.00	10.00	5.00	0.00
G&C Reinfection Test (state)	in criteria	1.85	12.00	each (ea)	0.00	0.00				
Laboratory:Hemoglobin	finger stick in house	5.00		each (ea)	10.00	10.00	7.50	5.00	2.50	0.00
Laboratory:HIV /RPR- State	in criteria	0.00	25.00	each (ea)	20.00	0.00	0.00	0.00	0.00	0.00

Item Price List

Item	ICD Code	Material or Contractor Cost	Time	U/M	Current Fee	Proposed Fee	Level D fee	Level C	Level B	Level A
Laboratory:HIV Rapid	out of criteria	0.00	25.00	each (ea)	20.00	20.00	15.00	10.00	5.00	0.00
Laboratory:Lead	filler paper state	0.00		each (ea)	5.00	5.00	3.75	2.50	1.25	0
Laboratory:Pap Smear Slide (Peterson)	Pap	9.50		each (ea)	33.00	Billed at cost				
Laboratory:Pregnancy Test	Pregnancy Test in house	0.90	8.00	each (ea)	10.00	10.00	7.50	5.00	2.50	0.00
Laboratory:Repeat TP W/HPV test (CCK)	Repeat thin prep with HPV testing	0.00		each (ea)	90.00	Billed at cost				
Laboratory:STD Culture		0.00		each (ea)	20.00	Billed at cost				
Laboratory:Strep Test	Strep Test (in-house)	2.32		each (ea)	5.00	Billed at cost	3.75	2.50	1.25	0
Laboratory:Thin Prep		16.95		each (ea)	50.00	Billed at cost				
Laboratory:UA	(in-house)	0.39		each (ea)	5.00	Billed at cost				
Laboratory:VDRL/Herpes		0.00		each (ea)	20.00	Billed at cost				
Laboratory:Hep B Titer		0.00		each (ea)	50.00	Billed at cost				
Laboratory Cytocheck		0.00			0.00	Billed at cost				
Laboratory Cytocheck:Beta HCG Quantitative		30.00		each (ea)	30.00	Billed at cost				
Laboratory Cytocheck:BMP		6.00		each (ea)	6.00	Billed at cost				
Laboratory Cytocheck:CBC with Differential		5.00		each (ea)	5.00	Billed at cost				
Laboratory Cytocheck:CMP		8.00		each (ea)	8.00	Billed at cost				
Laboratory Cytocheck:Free T4		11.00		each (ea)	11.00	Billed at cost				
Laboratory Cytocheck:Glucose		4.00		each (ea)	4.00	Billed at cost				
Laboratory Cytocheck:HBsAg Screen		18.00		each (ea)	18.00	Billed at cost				
Laboratory Cytocheck:Hemoglobin A1C		13.75		each (ea)	13.75	Billed at cost				
Laboratory Cytocheck:Hepatic Panel		6.75		each (ea)	6.75	Billed at cost				
Laboratory Cytocheck:HIV Panel		28.00		each (ea)	28.00	Billed at cost				
Laboratory Cytocheck:Lipid Profile		6.00		each (ea)	6.00	Billed at cost				
Laboratory Cytocheck:Proactin		26.75		each (ea)	26.75	Billed at cost				

Item Price List										
Item	ICD Code	Material or Contractor Cost	Time	U/M	Current Fee	Proposed Fee	Level D fee	Level C	Level B	Level A
Laboratory Cytocheck:PSA		14.50		each (ea)	14.50	Billed at cost				
Laboratory Cytocheck:RPR		7.00		each (ea)	7.00	Billed at cost				
Laboratory Cytocheck:Sedrate		6.50		each (ea)	6.50	Billed at cost				
Laboratory Cytocheck:T3 Total		15.25		each (ea)	15.25	Billed at cost				
Laboratory Cytocheck:T3 Uptake		11.25		each (ea)	11.25	Billed at cost				
Laboratory Cytocheck:T4		6.50		each (ea)	6.50	Billed at cost				
Laboratory Cytocheck:TSH		8.50		each (ea)	8.50	Billed at cost				
Laboratory Cytocheck:UA Complete Culture if indicate		15.75		each (ea)	16.00	Billed at cost				
Laboratory Cytocheck:Varicella-Zoster V Ab		39.00		each (ea)	39.00	Billed at cost				
Adjustments:Level A Adjustment	Sliding scale by Fed.Poverty Guidelines	0.00				-100.0%				
Adjustments:Level B Adjustment	Sliding scale by Fed.Poverty Guidelines	0.00				-75.0%				
Adjustments:Level C Adjustment	Sliding scale by Fed.Poverty Guidelines	0.00				-50.0%				
Adjustments:Level D Adjustment	Sliding scale by Fed.Poverty Guidelines	0.00				-25.0%				