

REGULATION 7-2014

REGULATION ADOPTING REVISED FEES FOR IMMUNIZATIONS AND CLINICAL SERVICES

The Board of Health of the Hamilton County General Health District met in regular session on July 14, 2014 with the following members present:

Jim Brett, President	<u>present</u>
Kenneth G. Amend, M.D., Vice President	<u>present</u>
Thomas Chatham	<u>absent</u>
Tracey Puthoff, Esq.	<u>present</u>
Mark A. Rippe	<u>present</u>

Mr. Rippe moved for adoption of the following regulation:

RESOLUTION ESTABLISHING REVISED IMMUNIZATION AND CLINICAL SERVICES FEES PURSUANT TO OHIO REVISED CODE SECTION 3709.09 AND 3709.21.

WHEREAS, the Board of Health of the Hamilton County General Health District has the authority pursuant to the Ohio Revised Code Sections 3709.09, and 3709.21 to establish a uniform system of fees for services; and

WHEREAS, the Board of Health of the Hamilton County General Health District is mandated to provide services that protect the public health and prevent disease; and

WHEREAS, the Board of Health of the Hamilton County General Health District has determined that it is necessary to change fees for immunization and clinical services.

NOW, THEREFORE BE IT RESOLVED that the Board of Health of the Hamilton County General Health District, that fees for Immunization and Clinical Services be established as stated and hereby become effective on August 4, 2014.

Fee Schedule

All fees for Immunization and Clinical Services are included in the current fee schedule established by the Local Public Health Services Collaborative in accordance with the Board of Health's Agreement with the collaborative (Attachment A). All fees will be amended any time the Local Public Health Services Collaborative approves an updated fee schedule in accordance with the agreement with the Board of Health.

Self-Pay Discount

Self-pay discounts for uninsured clients will be as follows:

- 30% discount on vaccines
- 25% discount on all other services

Financial Hardship

Financial hardships may be granted to patients with no insurance, are not eligible for Medicaid, and make less than 250% of the Federal Poverty Level (FPL) for Immunization and Clinical Services as follows:

Family Gross Income as % of FPL	Discount
100% or less	0%
100 – 137.49%	20%
137.5 – 174.99%	40%
175 – 212.49%	60%
212.5 – 249.99%	80%
250% or greater	100%

BE IT FURTHER RESOLVED that the Board of Health of the Hamilton County General Health District hereby finds by a vote of at least three-fourths of its members that this regulation be read only once and the requirement that it be read on three different days be dispensed with as provided by law; and

BE IT FURTHER RESOLVED that any previous regulation, rule or policy adopted by the Board of Health of the Hamilton County General Health District, that in any way conflicts with this regulation in part or in whole is rescinded and repealed in part or in whole to the extent of any conflict; and

BE IT FURTHER RESOLVED by this Board of Health of the Hamilton County General Health District that the regulation be published in one newspaper of general circulation within the Hamilton County General Health District once a week for two consecutive weeks and that the first publication take place no later than ten (10) days prior to the effective date of the regulation;

BE IT FURTHER RESOLVED that the Board of Health of the Hamilton County General Health District finds and determines that all formal actions relative to the passage of this regulation were taken in an open meeting of the Board and that all deliberations of this Board and of its committees, if any, which resulted in formal action, were taken in meetings open to the public, in full compliance with the applicable legal requirement, including Sections 121.22 of the Ohio Revised Code.

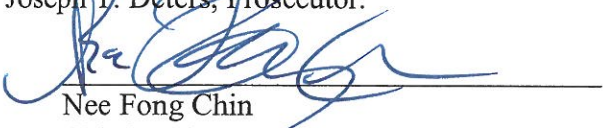
Ms. Puthoff seconded the regulation, upon roll call, the vote was as follows:

Jim Brett, President	<u>aye</u>
Kenneth G. Amend, M.D., Vice President	<u>aye</u>
Thomas Chatham	<u>aye</u>
Tracey Puthoff, Esq.	<u>aye</u>
Mark A. Rippe	<u>aye</u>

Board of Health of the Hamilton County General Health District

 Jim Brett, President	<u>7/14/14</u> Date
Attest:  Timothy I. Ingram, Health Commissioner	<u>7/14/14</u> Date

This regulation was approved as to form by the office of the Hamilton County Prosecuting Attorney, Joseph T. Deters, Prosecutor.

By:  Nee Fong Chin Chief Assistant Prosecuting Attorney	<u>July 14, 2014</u> Date
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Local Public Health Services Collaborative, LLC
Consolidated Fees List by CPT by LHD

CPT Code	House Code	Description	Service Type	Suggested ³ Fee Schedule
36415	36415	Venipuncture	Lab	\$5.00
36416	36416	Lead blood level lab test	Lab	\$15.00
46900	46900	Destroy anal lesion	Procedure	\$362.00
57061	57061	Destroy vaginal lesion (simple)	Procedure	\$171.00
57065	57065	Destroy vaginal lesion (extensive)	Procedure	\$291.00
57420	57420	Colposcopy exam	Procedure	\$175.00
57454	57454	Colposcopy exam w bx of cervix &	Procedure	\$232.00
57455	57455	Colposcopy exam w bx of cervix	Procedure	\$216.00
57456	57456	Colposcopy exam w ECC	Procedure	\$204.00
57500	57500	Biopsy of cervix	Lab	\$192.00
58100	58100	Biopsy of endometrium	Lab	\$166.00
58110	58110	Endometrial bx w colpo exam	Procedure	\$73.00
58301	58301	IUD removal	Family Planning	\$145.00
59425	59425	Antepartum care only 4-6 wks	Prenatal	\$705.00
59426	59426	Antepartum care only 7+ wks	Prenatal	\$1,258.00
59430	59430	Post-partum visit	Pregnancy-relate	\$285.00
71010	71010	Chest X-Ray - AP	Diagnostic	\$78.00
71015	71015	Chest X-Ray - Lateral	Diagnostic	\$80.00
71020	71020	Chest X-Ray - Lordotic	Diagnostic	\$80.00
80048	80048	Basic Metabolic Panel	Lab	\$0.00
80069	80069	Renal function panel	Lab	\$0.00
80076	80076	Hepatic function panel	Lab	\$0.00
81002	81002	Urinalysis	Lab	\$5.00
81025	81025	Pregnancy test	Lab	\$14.00
82565	82565	Creatinine	Lab	\$0.00
82950	82950	Glucola	Lab	\$10.00
82951	82951	Glucose Tolerance	Lab	\$21.00
82962	82962	Blood Glucose (finger stick)	Lab	\$5.00
83026	83026	Hgb	Lab	\$5.00
83655	83655	Lead	Well Child	\$25.00
84443	84443	TSH	Lab	\$0.00
84479	84479	T3 Uptake	Lab	\$0.00
85018	85018	Hemoglobin	Lab	\$5.00
85025	85025	CBC w/ diff + platelets	Lab	\$0.00
86580	86580	Mantoux TB Test	Inj Admin	\$12.00
86592	86592	VDRL	Lab	\$9.00
86593	86593	Syphilis test (RPR)	Lab	\$9.00
86703	86703	HIV Testing	Lab	\$29.00
86706	86706	Hepatitis B virus AB	Lab	\$0.00
86762	86762	Rubella	Lab	\$30.00
86780	86780	Syphilis test (FTA)	Lab	\$28.00
86803	86803	Hepatitis C virus AB	Lab	\$0.00
87081	87081	GC	Lab	\$14.00
87086	87086	Urine Culture (C&S)	Lab	\$17.00
87088	87088	Urine Culture (C&S)	Well Child	\$17.00
87252	87252	Herpes Culture	Lab	\$54.00
87320	87320	Chlamydia	Lab	\$25.00
87491	87491	Chlamydia	Lab	\$73.00
87536	87536	HIV PCR Qualitative	Lab	\$0.00
87591	87591	Gonorrhea	Lab	\$73.00
87621	87621	High risk HPV testing	Lab	\$73.00
88142	88142	Pap smear - non MCD	Lab	\$41.00
88143	88143	Pap smear - retest	Lab	\$41.00
88150	88150	Pap Smear	Lab	\$22.00
88164	88164	Cytopathology, cervix or vaginal	Lab	\$22.00

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89220	89220	Sputum specimen collection	Well Child	\$25.00
90460	90460	Inj admin <19 yrs; 1st	Inj Admin	\$37.00
90461	90461	Inj admin <19 yrs; 2nd + inj	Inj Admin	\$19.00
90471	90471	Injection admin >18; 1st	Inj Admin	\$37.00
90472	90472	Injection admin >18; 2nd + inj	Inj Admin	\$19.00
90473	90473	Rotavirus - Oral admin	Inj Admin	\$37.00
90474	90474	Immune Admin Oral/Nasal Addl	Inj Admin	\$19.00
90632	90632	Hep A, Adult - Harvix/Vaqta	Injection	\$104.00
90633	90633	Hepatitis A - Vaqta	Injection	\$62.00
90636	90636	Hep A - Hep B	Injection	\$182.00
90648	90648	Hib	Injection	\$70.00
90649	90649	HPV, quadrivalent - Cervarix	Injection	\$174.00
90649	90649-1	HPV, quadrivalent - Gardasil	Injection	\$220.00
90655	90655	Influenza < 24 months	Injection	\$25.00
90658	90658	Influenza 3 - 18 years	Injection	\$25.00
90660	90660	Influenza, live, intranasal	Injection	\$25.00
90662	90662	Influenza - High dose	Injection	\$43.00
90669	90669	Prevnam	Injection	\$23.00
90670	90670	Prevnam	Injection	\$254.00
90680	90680	Rotavirus	Injection	\$148.00
90681	90681	Rotavirus - Rotarix	Injection	\$21.00
90693	90693	Typhoid injectable	Injection	\$86.00
90696	90696	DTAP/Polio-Kinrix	Injection	\$78.00
90698	90698	DTAP/Polio/HIB-Pentacel	Injection	\$127.00
90700	90700	DTAP	Injection	\$41.00
90702	90702	Ped DT	Injection	\$60.00
90707	90707	MMR	Injection	\$111.00
90710	90710	MMR/Varicella	Injection	\$312.00
90713	90713	IPV	Injection	\$46.00
90714	90714	Adult TD	Injection	\$35.00
90715	90715	Tdap	Injection	\$59.00
90716	90716	Varicella (chickenpox)	Injection	\$198.00
90717	90717	Yellow fever, live, subcutaneous	Injection	\$168.00
90718	90718	Td (adult)	Injection	\$63.00
90723	90723	DTAP/Polio/Hep B-Pediarix	Injection	\$117.00
90730	90730	Ped HepA	Injection	\$59.00
90732	90732	Pneumonia	Injection	\$136.00
90733	90733	Meningococcal polysaccharide	Injection	\$184.00
90734	90734	Menamune	Injection	\$191.00
90736	90736	Zoster vaccine	Injection	\$282.00
90744	90744	Hep-B pediatric (birth - 11 year)	Injection	\$49.00
90746	90746	Hep-B (19 years+) - Recombivax	Injection	\$118.00
90748	90748	HEP B/HIB Vaccine IM	Injection	\$20.00
92081	92081	Vision Screening	Well Child	\$51.00
92283	92283	Color vision examination	Well Child	\$68.00
92506	92506	Evaluation	Speech	\$307.00
92507	92507	Therapy (individual)	Speech	\$105.00
92508	92508	Therapy (group)	Speech	\$31.00
92540	92540	Basic vestibular evaluation	Well Child	\$147.00
92552	92552	Hearing Screening, pure tone	Well Child	\$46.00
92557	92557	Comp. Hearing Test	Speech	\$55.00
95115	95115	Allergy Shot	Inj Admin	\$30.00
96110	96110	Developmental Testing	Well Child	\$25.00
99173	99173	Visual Acuity Screen	Well Child	\$7.00
99195	99195	Phlebotomy	Well Child	\$144.00

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CPT Code	House Code	Description	Service Type	Suggested ³ Fee Schedule
99201	99201	New minimal visit	Sick visit	\$64.00
99202	99202	New moderate visit	Sick visit	\$109.00
99203	99203	New detailed visit	Sick visit	\$158.00
99204	99204	New comprehensive visit	Sick visit	\$242.00
99205	99205	New Complex visit	Sick visit	\$300.00
99211	99211	Established minimal visit (nurse vi	Sick visit	\$30.00
99212	99212	Established moderate visit	Sick visit	\$64.00
99213	99213	Established detailed visit	Sick visit	\$106.00
99214	99214	Established Comprehensive visit	Sick visit	\$156.00
99215	99215	Established Complex visit	Sick visit	\$209.00
99243	99243	Consultation	Sick visit	\$177.00
99381	99381	Infant (age under 1 year)	Well Child New	\$160.00
99382	99382	Early Childhood (age 1-4 year)	Well Child New	\$167.00
99383	99383	Late Childhood (age 5-11 years	Well Child New	\$174.00
99384	99384	Adolescent (age 12-17 years)	Well Child New	\$197.00
99385	99385	Age 18-39 years	Well Adult New	\$191.00
99386	99386	Age 40-65 years	Well Adult New	\$222.00
99387	99387	Age 65+ years	Well Adult New	\$241.00
99391	99391	Infant (age under 1 year)	Well Child Est	\$144.00
99392	99392	Early Childhood (age 1-4 year)	Well Child Est	\$154.00
99393	99393	Late Childhood (age 5-11 years	Well Child Est	\$154.00
99394	99394	Adolescent (age 12-17 years)	Well Child Est	\$168.00
99395	99395	Age 18-39 years	Well Adult Est	\$171.00
99396	99396	Age 40-65 years	Well Adult Est	\$183.00
99397	99397	Age 65+ years	Well Adult Est	\$197.00
G0101	G0101	Pap Smear	Family Planning	\$56.00
Q0091	Q0091	Collection of specimen	Family Planning	\$66.00

NOTES

1 Vaccine fees are calculated as follows: ((actual vaccine cost + \$0.91 cost for supplies) x 125% for inc

2 Fees ITALICIZED and UNDERLINED are based on 100% of Current Overall Average. At least 1 of 7 LH

3 Suggested Fee Schedule is based on 150% of 2013 CMS Allowed, except for Vaccine Codes. The fin

4 New antepartum care codes added to replace deleted codes being reported by one or more LHDs

5 Well Child & Well Adult codes are not reimbursed by Medicare but Medicare does price these code