

Public Health Clinical Services Fee Schedule

DESCRIPTION OF SERVICES		FY 24 PROPOSED FEE
CPT	OFFICE VISITS E/M SERVICES	SCHEDULE
99201	Focused Visit (Focused/Straightforward) - New Patient, 10 Minutes	\$ 120.00
99202	Focused Visit (Low/Exp. Prob Focused) - New Patient, 20 Minutes	\$ 180.00
99203	Expanded Visit (Low/Exp Prob Focused) - New Patient, 30 Minutes	\$ 240.00
99204	Comprehensive Visit, (Mod/Detailed) - New Patient, 45 Minutes	\$ 420.00
99205	Comprehensive Visit, (High/Comp), - New Patient, 60 Minutes	\$ 540.00
99211	Minimal Problem - Established Patient, 5 Minutes	\$ 60.00
99212	Focused Visit (Focused/Straightforward) - Est. Patient, 10 Minutes	\$ 108.33
99213	Expanded Visit (Low/Exp Prob Focused) - Est. Patient, 15 Minutes	\$ 180.00
99214	Comprehensive Visit, (Mod/Detailed) - Est. Patient, 25 Minutes	\$ 240.00
99215	Comprehensive Visit, (High/Comp), - Est. Patient, 40 Minutes	\$ 360.00
99354	First 60 Minutes	\$ 240.00
99355	Each additional 30 minutes	\$ 180.00
CPT	E/M & GENERAL SERVICES	
36415	Venipuncture (routine)	\$ 20.00
36410	Venipuncture (expert-physician)	\$ 25.00
36416	Venipuncture (finger, heel or ear stick)	\$ 8.33
CPT	XRAYS/RADIOLOGY	
71045	Radiologic examination, chest; single view	\$ 100.00
71046	Radiologic examination, chest; 2 views	\$ 125.00
71047	Radiologic examination, chest; 3 views	\$ 150.00
71048	Radiologic examination, chest; 4 views	\$ 166.66
CPT	ADMINISTRATION CODES (ALL PAYERS EXCEPT MEDICARE/PP)	
90460	Immunization administration through 18 years, via any route of administration, w/ counseling by Physician or other qualified health care professional; first or only component of each vaccine or toxoid administered.	\$ 33.33
90461	Each additional vaccine/toxoid component (list separately in addition to code for primary procedure)	\$ 33.33
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) 1 vaccine (single or combined vaccine/toxoid)	\$ 33.33
90472	Each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)	\$ 33.33
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	\$ 33.33

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90474	Each additional vaccine (single or combination vaccine/ toxoid) (List separately in addition to code for primary procedure)	\$ 33.33
<u>CPT</u>	<u>ADMINISTRATION CODES (MEDICARE/VFC/ASN/PP)</u>	
G0008	Administration code for Seasonal Influenza Virus Vaccine (Medicare)	\$ 33.33
G0009	Administration code for Pneumococcal Vaccine (Medicare)	\$ 33.33
G0010	Administration code for Hepatitis B Vaccine (Medicare)	\$ 33.33
90480	Administration SARSCOV2 Vacc 1 Dose	\$ 33.33
Varies	Vaccine for Children (VFC) Vaccine(s) Administration Fee, State (DSHS) limiting charge, per dose	\$ 16.66
Varies	Adult Safety Net (ASN) Vaccine(s) Administration Fee, State (DSHS) limiting charge, per dose	\$ 16.66
Varies	Private Pay (PP) Vaccine(s) Administration Fee, County Purchased, per dose	\$ 33.33
M0201	COVID-19 Vaccine home admin	\$ 33.33
<u>CPT</u>	<u>VACCINES & IMMUNIZATIONS</u>	
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	\$ 833.33
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	\$ 833.33
90476	Adenovirus vaccine, type 4, live, for oral use	\$ 66.66
90620	Meningococcal B/ (Bexsero, 2-dose)	\$ 333.33
90621	Meningococcal B/ (Trumenba, 3-dose)	\$ 300.00
90627	Tick-borne encephalitis virus vaccine, inactivated; .5mL dosage, for intramuscular use (Ticovac)	\$ 466.66
90632	Hepatitis A - Adult	\$ 100.00
90633	Hepatitis A - Pediatric	\$ 75.00
90636	Hepatitis A/B (Twinrix)	\$ 208.33
90648	Haemophiles influenzae type B vaccine (Hib) PRP- T conjugate, 4 dose schedule, for intramuscular use	\$ 100.00
90649	Human Papilloma Virus (HPV)	\$ 458.33
90651	Human Papillomavirus (HPV9)	\$ 458.33
90654	Influenza vaccine, inactivated (IIV), split virus, preservative-free, for intradermal use	\$ 25.00
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	\$ 25.00
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	\$ 25.00
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	\$ 25.00
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	\$ 25.00
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	\$ 25.00
90662	High Dose Seasonal Flu	\$ 100.00
90670	Pneumococcal Conjugate - PCV13, 13 valent (Pneumovax), PP	\$ 400.00
90672	Influenza virus vaccine, quadrivalent (LAIV4), for intranasal use	\$ 25.00
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	\$ 25.00
90675	Rabies	\$ 666.66
90678	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	\$ 500.00

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90679	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	\$ 500.00
90680	Rotavirus vaccine, pentavalent (RV5) 3 dose schedule, live, for oral use	\$ 216.66
90681	Rotavirus vaccine, human attenuated (RV1), 2 dose schedule, live, for oral use	\$ 225.00
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	\$ 25.00
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	\$ 25.00
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	\$ 25.00
90688	Influenza Quadrivalent, QIV (Split-Virus) Vaccine, Flulaval & Fluzone Brands	\$ 25.00
90690	Typhoid - Oral	\$ 150.00
90691	Typhoid - Injectable	\$ 166.66
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	\$ 116.66
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HeB), for intramuscular use	\$ 225.00
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV-Hib-HeB), for intramuscular use	\$ 183.33
90700	Diphtheria, tetanus toxoids, acellular pertussis vaccine, (DTaP) when administered to individuals younger than 7 years, for intramuscular use	\$ 75.00
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	\$ 110.00
90707	Mumps, Measles, Rubella (MMR II)	\$ 166.66
90710	Measles, Mumps, Rubella and Varicella (MMR V), live for subcutaneous use	\$ 450.00
90713	Polio (Adult)	\$ 83.33
90714	Tetanus/Diphtheria (Td)	\$ 75.00
90715	Tetanus Diphtheria Acellular Pertusis (Tdap)	\$ 91.66
90716	Chicken Pox -- Varicella	\$ 283.33
90717	Yellow Fever Vaccine	\$ 333.33
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (Dtap-HepB-IPV) for intramuscular use	\$ 233.33
90732	Pneumonia Polysaccharide - PPSV - (Adult), 2 years and older	\$ 400.00
90734	Meningococcal Conjugate/MCV4	\$ 458.33
90738	Japanese Encephalitis	\$ 583.33
90739	Hepatitis B CpG, IM, Adult, 2 dose (Heplisav Brand)	\$ 200.00
90743	Hepatitis B vaccine (HepB), adolescent, dosage, 2 dose schedule, for intramuscular use	\$ 191.66
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	\$ 100.00
90746	Hepatitis B - Adult	\$ 116.66
90748	Hepatitis B and Haemophilus influenzae type B vaccine (Hib-HepB), for intramuscular use	\$ 100.00
90750	Zoster - (Shingrix) - Adult	\$ 308.33
91312	COVID Pfizer Bivalent 12 and up	\$ 200.00
91313	COVID Moderna Bivalent 12 and up	\$ 200.00
91314c	COVID Moderna Bivalent 6mos-5 years	\$ 400.00
91314d	COVID Moderna Bivalent 6 years - 11 years	\$ 200.00

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91315	COVID Pfizer Bivalent 5 years - 11 years	\$ 150.00
91317	COVID Pfizer Bivalent 6mos - 4 years	\$ 300.00
91318	COVID Pfizer, BioNTech 6mos - 4 years	\$ 116.66
91319	COVID Pfizer, 5 - 11 years	\$ 150.00
91320	COVID Comirnaty (Pfizer) single dose, 12 and up	\$ 208.33
91320	COVID Comirnaty (Pfizer) pre-filled syringe, 12 and up	\$ 216.66
91321	COVID Moderna 6mos - 11 years	\$ 200.00
91322	COVID Moderna Spikevax, 12 and up	\$ 200.00
<u>CPT</u>	<u>TRAVEL CLINIC</u>	
N/A	Office visit-administrative/consultant fee	\$ 50.00
N/A	Office visit-administrative/consultant fee children under 18 years accompanied by parent paying admin fee	\$ 16.66
N/A	Office visit (admin/consultant fee-follow up) within 10 business days for related issue	\$ 8.33
N/A	Office visit (admin/consultant fee- group administration fee	\$ 8.33
N/A	Malaria prescription	\$ 33.33
N/A	Yellow card replacement	\$ 16.66
<u>CPT</u>	<u>PREVENTIVE MEDICINE CODES</u>	
99381	Initial Comprehensive Preventive Medicine, New Pt., <1 Year Old	\$ 200.00
99382	Initial Comprehensive Preventive Medicine, New Pt., E/M Ages 1 - 4	\$ 225.00
99383	Initial Comprehensive Preventive Medicine, New Pt., E/M Ages 5 - 8	\$ 225.00
99384	Initial Comprehensive Preventive Medicine, New Pt., E/M Ages 12 - 18	\$ 250.00
99385	Initial Comprehensive Preventive Medicine, New Pt., E/M Ages 18 - 39	\$ 250.00
99386	Initial Comprehensive Preventive Medicine, New Pt., E/M Ages 40 - 64	\$ 300.00
99387	Initial Comprehensive Preventive Medicine, New Pt., E/M Ages 65 and older	\$ 300.00
99395	Preventative Medicine Visit, Established Pt., E/M Ages 18-39	\$ 225.00
99396	Preventative Medicine Visit, Established Pt., E/M Ages 40-64	\$ 225.00
99397	Preventative Medicine Visit, Established Pt., E/M Ages 65 and older	\$ 250.00
<u>CPT</u>	<u>SMOKING CESSATION, ALCOHOL/SUBSTANCE - COUNSELING</u>	
99406	Smoking Cessation Counseling, Intermediate, less than 10 minutes	\$ 41.66
99407	Smoking Cessation Counseling, Intensive, greater than 10 minutes	\$ 75.00
99408	Alcohol and/or substance abuse; structured screening and brief intervention services, 15 to 30 minutes	\$ 100.00
99409	Alcohol and/or substance abuse; structured screening and brief intervention services, greater than 30 minutes	\$ 150.00
G0396	Alcohol and/or substance abuse; structured screening and brief intervention services, 15 to 30 minutes	\$ 100.00
G0397	Alcohol and/or substance abuse; structured screening and brief intervention services, greater than 30 minutes	\$ 150.00
<u>CPT</u>	<u>INITIAL EXAMINATIONS</u>	
T1002	Minimum Visit, 8-15 Minute unit (RN)	\$ 41.66

DESCRIPTION OF SERVICES		FY 24 PROPOSED FEE SCHEDULE
T1003	Minimum Visit, 8-15 Minute unit (LVN)	\$ 25.00
T1013 UA	Sign language or oral interpretive services, each add'l 15 mins up to 28 per day	\$ 41.66
T1013 UI	Sign language or oral interpretive services, first hour	\$ 150.00
T1023	Initial TB Screening (open chart)	\$ 175.00
<u>CPT</u>	<u>CLIENT CLASS 1 OR 2</u>	
99204 TF	CI 1 or 2: initial exam level 01, non-physician & physician services	\$ 150.00
99204 TF AM	CI or 2: initial exam level 06, non-physician & physician services	\$ 150.00
99205 TF	CI 1 or 2: initial exam level 08, non-physician & physician services and prescribed medication (preventative treatment)	\$ 200.00
<u>CPT</u>	<u>CLIENT CLASS 3 OR 5</u>	
99201 TF	CI 1 or 2: initial exam level 01, non-physician service only	\$ 50.00
99202 TG	CI 3 or 5: physician level 07, non-physician & physician services w/meds (initial treatment)	\$ 75.00
99204 TG	CI 3 or 5: initial exam level 01, non-physician service only	\$ 150.00
99204 TG AM	CI 3 or 5: initial exam level 06, non-physician & physician services	\$ 150.00
99205 TG	CI 3 or 5: physician level 07, non-physician & physician, and prescribed medications (initial)	\$ 200.00
99214 TG	CI 3 or 5: follow up exam level 01, non-physician services only	\$ 83.33
99214 TG AM	CI 3 or 5: follow exam level 06, non-physician and physician services	\$ 83.33
<u>CPT</u>	<u>FOLLOW UP EXAMINATIONS</u>	
99201 TF	CI 1 or 2: initial exam level 01, non-physician service only	\$ 50.00
99202 TF	CI 1 or 2: physician exam level 08, non-physician services with prescribed medications (preventative treatment)	\$ 75.00
99214 TF	CI 1 or 2: follow up exam level 01, non-physician services only	\$ 83.33
99214 TF AM	CI 1 or 2: follow up exam level 06, non-physician and physician services	\$ 83.33
<u>CPT</u>	<u>MONTHLY EXAM CLIENT CLASS 1 OR 2</u>	
99212 TF	CI 1 or 2: monthly exam level 03, non-physician and physician services	\$ 41.66
99212 TF AM	CI 1 or 2: monthly exam level 08, non-physician and physician services and prescribed medications (preventative treatment)	\$ 50.00
<u>CPT</u>	<u>MONTHLY EXAM CLIENT CLASS 3 OR 5</u>	
99211 TF	CI 1 or 2: dot/dopt client exam, level 01, non-physician services	\$ 41.66
99211 TG	CI 3 or 5: dot/dopt client exam, level 01, non-physician services	\$ 41.66
99212 TG	CI 3 or 5: monthly exam level 02, non-physician services with prescribed medications (initial)	\$ 125.00
99213 TG	CI 3 or 5: monthly exam level 04, non-physician services with prescribed medications (maintenance)	\$ 150.00
99215 TG	Monthly exam level 05, non-physician services with medications (advanced) multiple iv's	\$ 300.00
99212 TG AM	CI 3 or 5: monthly exam level 07, non-physician & physician services with medications (initial)	\$ 125.00
99213 TG AM	CI 3 or 5: monthly exam level 09, non-physician & physician services with medications (maintenance)	\$ 125.00
99215 TG AM	Monthly exam level 10, non-physician services & physician services with medications (advanced)	\$ 300.00
<u>CPT</u>	<u>DIRECTLY OBSERVED THERAPY (DOT) & PREVENTATIVE THERAPY (DOPT) CLIENT CLASS 3 OR 5:</u>	

DESCRIPTION OF SERVICES		FY 24 PROPOSED FEE SCHEDULE
96365	Intravenous Infusion, up to 1 hour - (adults)	\$ 200.00
96366	Intravenous Infusion, each additional hour	\$ 83.33
96367	Intravenous Infusion, additional sequential intravenous push of a new substance/drug	\$ 100.00
96372	Therapeutic, prophylactic, or diagnostic injection; (specify substance or drug); subcutaneous or intramuscular	\$ 50.00
96373	Therapeutic, prophylactic, or diagnostic injection; (specify substance or drug); intra-arterial	\$ 50.00
96374	Therapeutic, prophylactic, or diagnostic injection; (specify substance or drug); IV push, single or initial drug	\$ 125.00
96375	Therapeutic, prophylactic, or diagnostic injection; (specify substance or drug); each additional or sequential IV push, new substance or drug	\$ 100.00
96376	Therapeutic, prophylactic, or diagnostic injection; (specify substance or drug); each additional or sequential IV push, same substance or drug	\$ 100.00
T1502	Administration of oral, intramuscular and or subcutaneous medication by healthcare agency/professional per visit.	\$ 16.66
<u>CPT</u>	<u>INJECTIONS</u>	
20550	Injection(s); tendon sheath, ligament	\$ 150.00
20551	Tendon origin/insertion	\$ 150.00
20552	Injection(s); Single or Multiple Trigger point(s), 1 or 2 muscles	\$ 150.00
20553	Injection, Single or Multiple Trigger points, 3 or more muscles	\$ 166.66
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (e.g. fingers, toes)	\$ 125.00
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa; without ultrasound guidance	\$ 150.00
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa; without ultrasound guidance	\$ 150.00
J0171	Injection, Adrenalin, Epinephrine, 0.3 mg, Qty. #1, NDC #54505-0102-02	\$ 1.66
J0278	Injection, Amikacin Sulfate, 100mg	\$ 3.33
J1055	Depo Provera Injection, 150 mg	\$ 50.00
J1200	Injection, Diphenhydramine hcl, 25 and 50 mg., Qty #1 & 1, NDC #61786-0866-36 & 00641-0376-21	\$ 1.66
J1642	Injection, Heparin Sodium, (heparin lock flush), per 10 units	\$ 1.66
J3301	Kenalog Injection, 40 mg	\$ 8.33
J7030	Infusion, normal saline solution, 1000 cc	\$ 5.00
J7042	5% Dextrose/normal saline (500 ml = 1 unit)	\$ 1.66
J7050	Infusion, normal saline solution, 250 cc	\$ 1.66
<u>CPT</u>	<u>TREATMENT TB</u>	
17110	Liquid Nitrogen (Cryo-Therapy), NDC #1069000211	\$ 200.00
94760	Noninvasive ear or Pulse Oximetry for oxygen saturation (single determination)	\$ 8.33
94761	Pulse Oximetry (multiple determination)	\$ 16.66
<u>CPT</u>	<u>MISCELLANEOUS FEES</u>	
96160	Administration of patient-focused health risk assessment instrument with scoring and documentation	\$ 25.00
96161	Administration of care-giver focused health risk assessment instrument with scoring and documentation; per standardized instrument	\$ 25.00
99000	Specimen Handling	\$ 33.33
Varies	Non routine procedures not listed as approved fees will be charged/billed at current pricing available in the Physician Fee Reference.	Varies

<u>DESCRIPTION OF SERVICES</u>		<u>FY 24 PROPOSED FEE</u>
<u>CPT</u>	<u>ADMINISTRATIVE FEES</u>	<u>SCHEDULE</u>
S1234	Immunization (Shot) Record	\$ 10.00
S9982	Medical records copying fee (per page)	\$ 0.40
S9982	Medical records electronic (CD, USB, PDF, Email)	\$ 5.00
	DSHS Medication Admin Fee	\$ 10.00
	Special Event Testing	\$ 10.00
	Touch Point Training	\$ 90.00

Public Health Laboratory Services Fee Schedule

<u>DESCRIPTION OF SERVICES</u>		<u>FY 24 PROPOSED FEE</u>
<u>CPT</u>	<u>CLINICAL LABORATORY</u>	<u>SCHEDULE</u>
80053QW	Rapid Comp Metabolic Panel	\$ 83.33
80053	Comp Metabolic Panel	\$ 66.66
80061	Lipid Panels (CPT Code: 82465, 83718, 84478)	\$ 66.66
80076	Hepatic Function Panel	\$ 83.33
81001	Urinalysis, with microscopy (urinalysis; automated, with microscopy)	\$ 50.00
81003	Urinalysis, without microscopy (urinalysis; automated, without microscopy)	\$ 150.00
81015	Urinalysis; microscopic only	\$ 66.66
81025	HCG Qualitative Pregnancy Test - Urine (by visual color comparison methods)	\$ 33.33
83036	Hemoglobin, A1c	\$ 33.33
83655	Blood Lead	\$ 33.33
84436	T4 (Thyroxine)	\$ 50.00
84443	TSH	\$ 108.33
84480	T3	\$ 50.00
85025	CBC	\$ 41.66
86317	HEP B Surface AB QN	\$ 108.33
86481	Tuberculosis Test/Interferon Gamma Release Assay (IGRA), T-Spot	\$ 333.33
86580	TB Skin Test, PPD/TST (Diagnostic)	\$ 41.66
86593	Stat RPR; Quantitative, with titer (syphilis test; non-treponemal antibody; quantitative); modifier(s): 59	\$ 41.66
86593	Routine RPR; Quantitative, with titer (syphilis test; non-treponemal antibody; quantitative)	\$ 41.66
86701	HIV-1 Differentiation Test; HIV-1 Antibody	\$ 100.00
86702	HIV-2 Differentiation Test; HIV-2 Antibody	\$ 100.00

DESCRIPTION OF SERVICES		FY 24 PROPOSED FEE SCHEDULE
86703-QW	Rapid HIV-1/HIV-2 Test (HIV-1/HIV-2 Antibody, Single Result)	\$ 50.00
86704	Hep B Core Antibody (Ab), Total	\$ 116.66
86706	Hep B Surface Antibody w/QL	\$ 116.66
86708	Hep A AB, Total	\$ 16.66
86780-59	Stat SHC, Rapid Syphilis Test (T. pallidum antibody); modifier: 59	\$ 33.33
86780-91	TPPA, Syphilis Supplemental Test (T. pallidum antibody); modifier: 91	\$ 58.33
86780	Routine Syphilis Screen, Syphilis IgG EIA (T. pallidum antibody)	\$ 16.66
86787	Varicella IGG	\$ 150.00
86803	Hep C Virus, Antibody (Ab), HCV Antibody Test	\$ 41.66
86803 QW	Rapid HCV Test (Oraquick Rapid Antibody Test and Visual Reference Panel)	\$ 100.00
87210	Wet Mount (smear, primary source with interpretation for infectious agents)	\$ 33.33
87253	Rabies	\$ 125.00
87340	Hepatitis B Surface Antigen with Reflex to Confirmation	\$ 116.66
87341	Hepatitis B Surface, AG, EIA, (HBSAG Confirmation)	\$ 116.66
87350	Hep Be Ag	\$ 116.66
87389	HIV-1 and HIV-2 Ag/Ab Screen (infectious agent detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result), no modifier used by NTRL	\$ 50.00
87491	Chlamydia testing; Chlamydia trachomatis, amplified probe technique (NAAT); infectious agent detection by nucleic acid, DNA or RNA	\$ 50.00
87517	Hepatitis B Screen, HBV DNA Quantitative (QT)	\$ 125.00
87522	HCV testing, amplified probe technique (Panther Aptima/HCV)	\$ 125.00
87529	HSV 1/2 testing, amplified probe technique (Panther Aptima/HSV 1/2)	\$ 125.00
87535	HIV-1 NAAT testing, Qualitative, amplified probe technique (Panther Aptima)	\$ 125.00
87536	HIV-1 NAAT testing, Quantitative, amplified probe technique (Panther Aptima)	\$ 125.00
87563	Mycoplasma genitalium testing, amplified probe technique (Panther Aptima/MGen)	\$ 50.00
87591	Gonorrhea testing; Neisseria gonorrhoeae, amplified probe technique (NAAT); infectious agent detection by nucleic acid, DNA or RNA	\$ 50.00
87661	Trichomonas testing, amplified probe technique (Panther Aptima/ATV)	\$ 50.00
87798	Infectious Agent Detection, amplified probe technique, each organism	\$ 200.00
87801	Gonorrhoeae/Chlamydia (GC/CT) Testing & Trichomonas (Infectious agent detection by nucleic acid, DNA or RNA, multiple organisms; amplified probe(s) technique)	\$ 50.00
87806	Rapid HIV-1/HIV-2 Test	\$ 50.00
	*The following sections are not eligible for discounts.	
<u>TESTING CODES</u>	<u>WATER TESTING*</u>	
10100	Coliform Presence/Absence Test	\$ 30.00
10101	Coliform Enumeration	\$ 30.00
10104	Heterotrophic Plate Count PAC-HPC/PAC	\$ 30.00
10105	Container Rinse/Petrifilm and Colilert MPN	\$ 60.00
10106	Container Rinse/Swab Test/Petrifilm Only	\$ 30.00

DESCRIPTION OF SERVICES		FY 24 PROPOSED FEE
TESTING CODES	MISCELLANEOUS LABORATORY FEES*	SCHEDULE
10401	Weekend/Holiday Service Charge	\$ 15.00
10402	Duplicate Record	\$ 15.00
TESTING CODES	MILK & DAIRY*	
10200	Inhibitor Testing	\$ 20.00
10201	Coliform Count	\$ 25.00
10202	Freeze Point Determinations	\$ 20.00
10203	Somatic Cell Count	\$ 30.00
10204	Alkaline Phosphatase	\$ 45.00
10205	Plate Count	\$ 25.00
10206	Water Supply	\$ 30.00
10207	Cooling Water	\$ 50.00
10208	Beta Lactam/Aflatoxin Rapid Tests	\$ 70.00

TCPH FEE SCHEDULE POLICY STATEMENTS
<p>* TCPH doesn't deny services to anyone based on inability to pay for services.</p> <p>* TCPH offers fee discounts in the form of prompt pay discounts, sliding fee scale and fee waiver for eligible clients (certain exclusions apply).</p> <p>* TCPH makes reasonable efforts to collect fees from clients and 3rd party payors for services rendered to meet contractual obligations</p> <p>* TCPH does not report credit bureaus or collection agencies.</p> <p>* TCPH may waive fees for services to address an outbreak or a public health threat.</p>