

3. Approval of the Tarrant County Public Health Department Fiscal Year 2024 Fee Schedule



# COMMISSIONERS COURT COMMUNICATION

REFERENCE NUMBER \_\_\_\_\_

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DATE: 12/05/2023

**SUBJECT: APPROVAL OF THE TARRANT COUNTY PUBLIC HEALTH  
DEPARTMENT FISCAL YEAR 2024 FEE SCHEDULE**

**\*\*\* CONSENT AGENDA \*\*\***

**COMMISSIONERS COURT ACTION REQUESTED**

It is requested that the Commissioners Court approve the Tarrant County Public Health Department's FY 2024 Fee Schedule.

**BACKGROUND**

Pursuant to Texas Health and Safety Code Ch 121, Sec. 121.006, no individual is denied services because of inability to pay for services. TCPH offers fee reductions in the form of prompt pay discounts, sliding fee scales and fee waiver options. TCPH may also waive fees for services in efforts to address an outbreak or a public health threat.

On September 25, 2018, the Commissioners Court, through Court Oder #128643, approved the FY 2019 Fee Schedule which included changes to align with the 2018 Physicians' Fee Reference, as well as the 2018 insurance reimbursement rates and billing and coding industry standards.

With approval, TCPH will implement this FY 2024 Fee Schedule within one (1) week. The FY 2024 fee schedule aligns with the 2023 Physicians' Fee Reference, current insurance reimbursement rates, and billing and coding industry standards. Changes and updates to CPT codes are adopted as released by the Centers for Medicare and Medicaid Services to keep up with medical billing and coding standards.

**FISCAL IMPACT**

All associated revenues and program income will be posted in the Public Health Fund T0400-2024 or other applicable grant funds.

SUBMITTED BY:	Public Health	PREPARED BY: APPROVED BY:	Amanda Campbell
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**Public Health Clinical Services Fee Schedule**

<b>DESCRIPTION OF SERVICES</b>		<b>FY 24 PROPOSED FEE</b>
<b>CPT</b>	<b>OFFICE VISITS E/M SERVICES</b>	<b>SCHEDULE</b>
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
<b>CPT</b>	<b>E/M &amp; GENERAL SERVICES</b>	
36415	Venipuncture (routine)	\$ 20.00
36410	Venipuncture (expert-physician)	\$ 25.00
36416	Venipuncture (finger, heel or ear stick)	\$ 8.33
<b>CPT</b>	<b>XRAYS/RADIOLOGY</b>	
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
<b>CPT</b>	<b>ADMINISTRATION CODES (ALL PAYERS EXCEPT MEDICARE/PP)</b>	
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

DESCRIPTION OF SERVICES		FY 24 PROPOSED FEE SCHEDULE
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 &amp; 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

DESCRIPTION OF SERVICES		FY 24 PROPOSED FEE SCHEDULE
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

DESCRIPTION OF SERVICES		FY 24 PROPOSED FEE SCHEDULE
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) &amp; 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

<b>DESCRIPTION OF SERVICES</b>		<b>FY 24 PROPOSED FEE</b>
<b>TESTING CODES</b>	<b>MISCELLANEOUS LABORATORY FEES*</b>	<b>SCHEDULE</b>
10401	Weekend/Holiday Service Charge	\$ 15.00
10402	Duplicate Record	\$ 15.00
<b>TESTING CODES</b>	<b>MILK &amp; DAIRY*</b>	
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

<b>TCPH FEE SCHEDULE POLICY STATEMENTS</b>
<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>