CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
	MEDICARE PHYSCIAL								
G0101	Cer/Vag Screening	-	$ 46.00	$ 46.00	$ 36.80	$ 27.60	$ 18.40	$ 9.20	Sliding Fee,Bill Medicare Only(Includes Breast Ex)
Q0091	Screening Pap Smear	-	$ 49.00	$ 49.00	$ 39.20	$ 29.40	$ 19.60	$ 9.80	Sliding Fee, Bill Mediare Only
	EIC NEW PATIENT								
99201	Problem Focused Hx & Exam	$ 62.10	$ 88.00	$ 88.00					Bill Medicaid, Medicare, Pvt. Ins. Ryan White
99202	Expanded PF Hx & Exam	$ 93.15	$ 132.00	$ 132.00					Bill Medicaid, Medicare, Pvt. Ins. Ryan White
99203	Detailed Hx & Exam	$ 132.48	$ 188.00	$ 188.00					Bill Medicaid, Medicare, Pvt. Ins. Ryan White
99204	Comprehensive Hx & Exam	$ 194.58	$ 307.00	$ 307.00					Bill Medicaid, Medicare, Pvt. Ins. Ryan White
99205	Comp. Hx & Exam (HC)	$ 244.26	$ 347.00	$ 347.00					Bill Medicaid, Medicare, Pvt. Ins. Ryan White
	EIC EST PATIENT								
99211	Eval. & Mgt.	$ 34.16	$ 49.00	$ 49.00					Bill Medicaid, Medicare, Pvt. Ins. Ryan White
99212	Problem Focused Hx & Exam	$ 56.93	$ 82.00	$ 82.00					Bill Medicaid, Medicare, Pvt. Ins. Ryan White
99213	Expanded PF Hx. & Exam	$ 78.66	$ 142.00	$ 142.00					Bill Medicaid, Medicare, Pvt. Ins. Ryan White
99214	Detailed Hx & Exam	$ 122.13	$ 193.00	$ 193.00					Bill Medicaid, Medicare, Pvt. Ins. Ryan White
99215	Comp. Hx & Exam (HC)	$ 182.16	$ 258.00	$ 258.00					Bill Medicaid, Medicare, Pvt. Ins. Ryan White
	MATERNAL HEALTH								
59425	4-6 Office Visits (Bundle)	$ 340.20	$ 700.00	$ 700.00					Bill Medicaid Only
59426	7 + Office Visits (Bundle)	$ 688.96	$1,200	$ 1,200.00					Bill Medicaid Only
59430	Postpartum Care Visit	$ 109.17	$ 120.00	$ 120.00					Bill Medicaid Only
S0280	Pregnancy Risk Screening	$ 50.00	$ 50.00						Bill Medicaid Only
S0281	Postpartum Visit	$ 150.00	$ 150.00						Bill Medicaid Only
83655	Lead Test	N/C	N/C						No Charge
83020	Sickle Cell	N/C	N/C						No Charge
	NEW PATIENTS (CH/FP/MH)								
99201	Problem Focused Hx & Exam	$ 62.10	$ 88.00	$ 88.00	$ 70.40	$ 52.80	$ 35.20	$ 17.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99202	Expanded PF Hx & Exam	$ 93.15	$ 132.00	$ 132.00	$ 105.60	$ 79.20	$ 52.80	$ 26.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99203	Detailed Hx & Exam	$ 132.48	$ 188.00	$ 188.00	$ 150.40	$ 112.80	$ 75.20	$ 37.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99204	Comprehensive Hx & Exam	$ 194.58	$ 307.00	$ 307.00	$ 245.60	$ 184.20	$ 122.80	$ 61.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99205	Comp. Hx & Exam (HC)	$ 244.26	$ 347.00	$ 347.00	$ 277.60	$ 208.20	$ 138.80	$ 69.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.

Revised: 8-19-2015

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
ESTABLISHED PATIENTS (CH/FP/MH)									
99211	Eval. & Mgt. (RN Visits Only)	$ 34.16	$ 49.00	$ 49.00	$ 39.20	$ 29.40	$ 19.60	$ 9.80	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99212	Problem Focused Hx & Exam	$ 56.93	$ 82.00	$ 82.00	$ 65.60	$ 49.20	$ 32.80	$ 16.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99213	Expanded PF Hx. & Exam	$ 78.66	$ 142.00	$ 142.00	$ 113.60	$ 85.20	$ 56.80	$ 28.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99214	Detailed Hx & Exam	$ 122.13	$ 193.00	$ 193.00	$ 154.40	$ 115.80	$ 77.20	$ 38.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99215	Comp. Hx & Exam (HC)	$ 182.16	$ 258.00	$ 258.00	$ 206.40	$ 154.80	$ 103.20	$ 51.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
PREVENTIVE NEW (AH/CH/FP)									
99381	Preventive New < 1 Year Old	$ 90.00	$ 185.00	$ 185.00	$ 148.00	$ 111.00	$ 74.00	$ 37.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
99382	Preventive New 1-4 Years Old	$ 90.00	$ 195.00	$ 195.00	$ 156.00	$ 117.00	$ 78.00	$ 39.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
99383	Preventive New 5 - 11	$ 154.00	$ 226.00	$ 226.00	$ 180.80	$ 135.60	$ 90.40	$ 45.20	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99384	Preventive New 12 - 17	$ 169.00	$ 187.00	$ 187.00	$ 149.60	$ 112.20	$ 74.80	$ 37.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99385	Preventive New 18 - 39	$ 167.00	$ 184.00	$ 184.00	$ 147.20	$ 110.40	$ 73.60	$ 36.80	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99386	Preventive Est. 40 - 64	$ 199.00	$ 219.00	$ 219.00	$ 175.20	$ 131.40	$ 87.60	$ 43.80	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99387	Preventive New 65 - over	$ 215.00	$ 237.00	$ 237.00	$ 189.60	$ 142.20	$ 94.80	$ 47.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
PREVENTIVE EST. (AH/CH/FP)									
99391	Preventive Est. < 1 Year Old		$ 160.00	$ 160.00	$ 128.00	$ 96.00	$ 64.00	$ 32.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
99392	Preventive Est. 1-4 Years Old		$ 180.00	$ 180.00	$ 144.00	$ 108.00	$ 72.00	$ 36.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
99393	Preventive Est. 5 - 11	$ 126.00	$ 185.00	$ 185.00	$ 148.00	$ 111.00	$ 74.00	$ 37.00	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99394	Preventive Est. 12 - 17	$ 146.00	$ 161.00	$ 161.00	$ 128.80	$ 96.60	$ 64.40	$ 32.20	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99395	Preventive Est. 18 - 39	$ 142.00	$ 154.00	$ 154.00	$ 123.20	$ 92.40	$ 61.60	$ 30.80	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99396	Preventive Est. 40 - 64	$ 158.00	$ 173.00	$ 173.00	$ 138.40	$ 103.80	$ 69.20	$ 34.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99397	Preventive Est. 65 - over	$ 175.00	$ 193.00	$ 193.00	$ 154.40	$ 115.80	$ 77.20	$ 38.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
COMMUNICABLE DISEASE									
T1002	RN Services (15 Minutes)	$ 17.59	$ 71.00	$ -	$ -	$ -	$ -	$ -	Per Unit. Medicaid, Non/C Medicare, Pvt. Ins.
FAMILY PLANNING									
57170	Diaphragm	$ 53.91	$ 111.00	$ 111.00	$ 88.80	$ 66.60	$ 44.40	$ 22.20	Sliding Scale Charge, Medicaid, Private Insurance
S4993	Pills Per Pack	$ 3.00	$ 10.00	$ 10.00	$ 8.00	$ 6.00	$ 4.00	$ 2.00	Sliding Fee,Medicaid, Medicare, Private Insurance
									Not to exceed 14 pks. per year
CHILD HEALTH PROCEDURES									
D0145	Oral Evaluation 1st		$ 50.00	$ 50.00	$ 40.00	$ 30.00	$ 20.00	$ 10.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
D1206	Topical Appl. of Flouride Var		$ 35.00	$ 35.00	$ 28.00	$ 21.00	$ 14.00	$ 7.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
92551	Audiometry Screening		$ 20.00	$ 20.00	$ 16.00	$ 12.00	$ 8.00	$ 4.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
92567	Tympanometry		$ 20.00	$ 20.00	$ 16.00	$ 12.00	$ 8.00	$ 4.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
92588	OAE (hearing)		$ 95.00	$ 95.00	$ 76.00	$ 57.00	$ 38.00	$ 19.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
99173	Vision Screening		$ 5.00	$ 5.00	$ 4.00	$ 3.00	$ 2.00	$ 1.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
2000F	Blood Pressure	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No Charge
96110	Developmental Limited		$ 12.00	$ 12.00	$ 9.60	$ 7.20	$ 4.80	$ 2.40	Sliding Scale Charge, Medicaid, Pvt.Ins.
99420	Autism Screening		$ 16.00	$ 16.00	$ 12.80	$ 9.60	$ 6.40	$ 3.20	Sliding Scale Charge, Medicaid, Pvt.Ins.
99420	PSC (part of developmental)		$ 16.00	$ 16.00	$ 12.80	$ 9.60	$ 6.40	$ 3.20	Sliding Scale Charge, Medicaid, Pvt.Ins.
99420	HEADSS		$ 16.00	$ 16.00	$ 12.80	$ 9.60	$ 6.40	$ 3.20	Sliding Scale Charge, Medicaid, Pvt.Ins.
99408	CRAFFT		$ 31.00	$ 31.00	$ 24.80	$ 18.60	$ 12.40	$ 6.20	Sliding Scale Charge, Medicaid, Pvt.Ins.
69210	Ear Lavage		$ 45.00	$ 45.00	$ 36.00	$ 27.00	$ 18.00	$ 9.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
83655	Lead Test	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No Charge
83202	Sickle Cell	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No Charge

Revised: 8-19-2015

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
IMMUNIZATIONS (0-18 Yrs)				N/C to patients who meet the state eligibility criteria					Injection Charge Only to Medicaid
90647	Pedvax-HIB 1 2 3	$ -	$ 24.00	$ -	$ -	$ -	$ -	$ -	Private Ins.
90670	Prevnar 1 2 3 4	$ -	$143.00	$ -	$ -	$ -	$ -	$ -	Private Ins
90680	Rotavirus 1 2 3	$ -	$ 79.00	$ -	$ -	$ -	$ -	$ -	Private Ins.
90700	DTAP 1 2 3 4 5	$ -	$ 22.00	$ -	$ -	$ -	$ -	$ -	Private Ins.
90707	MMR (0 - 17) 1 2	$ -	$ 63.00	$ -	$ -	$ -	$ -	$ -	Private Ins.
90713	IPV 1 2 3 4	$ -	$ 28.00	$ -	$ -	$ -	$ -	$ -	Private Ins.
90716	Varicella (1-18 yrs)	$ -	$105.00	$ -	$ -	$ -	$ -	$ -	Private Ins.
90714	TD (adult)	$ -	$ 24.00	$ -	$ -	$ -	$ -	$ -	Private Ins.
90723	Pediarix	$	$ 75.00	$ -	$ -	$ -	$ -	$ -	Private Ins.
90734	Meningococcal	$ -	$110.00	$ -	$ -	$ -	$ -	$ -	Private Ins.
90744	HEP B (0 - 18) 1 2 3	$ -	$ 22.00	$ -	$ -	$ -	$ -	$ -	Private Ins.
INJECTABLES (2 - 18 yrs)									
90633	HEP A (2 - 18) 1 2	$ -	$ 30.00						Private Ins.
INJECTABLES (19yrs & Over)									
86580	TB Skin Test	$ 5.59	$ 15.00	Medicaid will reimburse if pt.'s have been exposed to TB					Patient Pay
90632	HEP A (Adult) 1 2	$ 43.71	$ 50.00	Medicare doesn't pay only Medicare Part D					Medicaid, Patient Pay, Private Ins.
90636	Twinrix (18+) 1 2 3	$ 69.00	$ 75.00						Medicaid,Patient Pay, Private Ins.
90649	Gardasil (4)--VFC 9-18	$ 135.73	$153.00	$ 153.00	$ 122.40	$ 91.80	$ 61.20	$ 30.60	19-20-Medicaid, 21-26-Patient Pay
90651	Gardasil (9)--VFC 9-18	$ 135.73	$172.00	$ 172.00	$ 137.60	$ 103.20	$ 68.80	$ 34.40	19-20-Med (females),9-18 Med. (males) 21-26-PP
90656	Influenza	$ 15.00	$ 15.00	Medicare reimburses $13.82					Patient Pay, Medicaid,Private Ins., Medicare
90670	Prevnar 1	$ -	$143.00	Non Covered by Medicaid					Medicare, Patient Pay, Private Ins.
90675	Rabies Pre/Post Expo. 1 2 3	$ 147.06	$274.00	Medicare doesn't pay only Medicare Part D					Medicaid, Patient Pay, Private Ins.
90707	MMR (Adult) 1 2	$ 40.61	$ 63.00	Non Covered by Reg. Medicare					Medicaid, Patient Pay, Private Ins.
90715	T-Dap	$ 35.00	$ 35.00	Non Covered by Reg. Medicare					Medicaid, Medicare Part D, and Pvt. Ins., Pt. Pay
90716	Varicella (19 & Older)	$ 85.56	$105.00	Non Covered by Reg. Medicare					Medicaid, Medicare Part D, and Pvt. Ins., Pt. Pay
90714	TD (adult) every 10 yrs.	$ 16.25	$ 24.00	Non Covered by Reg. Medicare					Medicaid, Patient Pay, Private Ins.
90732	Pneumonia	$ 34.21	$ 75.00	Medicare reimburses					Patient Pay, Medicaid, Medicare, Private Insurance
90736	Zoster (Shingles)	$ 202.93	$197.00	Non Covered by Reg. Medicare					Patient Pay, Medicare Part D, Private Insurance
90746	HEP B (Adult Series) 1 2 3	$ 55.20	$ 56.00	Medicare reimburses $ 54.88					Patient Pay, Medicaid, Medicare, Private Insurance
96372	Haldol / Prolixin	$ 17.04	$ 25.00						Medicaid, Medicare, Private Insurance, Pat. Pay
J1050	Depo Injection (S.P. & P. Ins.)	$ 28.50	$ 58.50	$ 58.50	$ 46.80	$ 35.10	$ 23.40	$ 11.70	Medicaid, Private Insurance, Pat. Pay
J2790	Rhogam		$ 65.00	$ 65.00	$ 52.00	$ 39.00	$ 26.00	$ 13.00	Medicaid, Private Insurance, Pat. Pay

Revised: 8-19-2015

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
IN HOUSE LAB SERVICES									
G0477	Drug Screening	$18.63	$27.00	activated starting with dos 2/10/16					DSS, Medicaid
G0434	Drug Screening	$ 18.63	$ 27.00	Inactivated 12/3/15---activated starting w/dos 3/2/15					DSS, Medicaid
80101	Drug Screening		$ 27.00	Inactivated 4/29/15					DSS
81001	Urinalysis (w/Micro)	$ 4.03	$ 17.00	$ 17.00	$ 13.60	$ 10.20	$ 6.80	$ 3.40	Pat. Pay, Pvt. Ins, Medicaid
81002	Urinalysis (Dip Stick)		$ 12.00	$ 12.00	$ 9.60	$ 7.20	$ 4.80	$ 2.40	Pat. Pay, Pvt. Ins, Medicaid
81003	Urinalysis (w/out Micro)	$ 2.86	$ 12.00	$ 12.00	$ 9.60	$ 7.20	$ 4.80	$ 2.40	Pat. Pay, Pvt. Ins, Medicaid
81025	Pregnancy Test (Urine)	$ 8.04	$ 10.00	$ 10.00	$ 8.00	$ 6.00	$ 4.00	$ 2.00	Pat. Pay, Pvt. Ins, Medicaid
82120	Amines	$ 4.78	$ 12.00						Test Charge to Private Ins, Medicaid
82270	FOBT (stool for occult blood)	$ 4.13	$ 12.00	$ 12.00	$ 9.60	$ 7.20	$ 4.80	$ 2.40	Pat. Pay, Pvt. Ins, Medicaid
82947QW	Glucose: Fast/Rand (waived)	$ 4.99	$ 12.00	$ 12.00	$ 9.60	$ 7.20	$ 4.80	$ 2.40	Pat. Pay, Pvt. Ins, Medicaid
82950QW	Glucose 1 & 2 hr. challenge	$ 6.04	$ 14.00	$ 14.00	$ 11.20	$ 8.40	$ 5.60	$ 2.80	Pat. Pay, Pvt. Ins, Medicaid
85018	Hemoglobin	$ 3.01	$ 8.00	$ 8.00	$ 6.40	$ 4.80	$ 3.20	$ 1.60	Pat. Pay, Pvt. Ins, Medicaid
86790	Rabies Titer	$ 16.38	$ 37.00	ADD VENIPUNCTURE CHARGE OF $11.00 + UPS S/C					Test Charge to Patient Pay, Private Ins
87081	GC Culture	$ 10.95	$ 38.00						Test Charge to Private Ins, Medicaid
87205	GC Smear	$ 5.42	$ 12.00						Test Charge to Private Ins, Medicaid
87210	Wet Mount (Prep)	$ 4.85	$ 12.00						Test Charge to Private Ins, Medicaid
87810	Chlamydia Eia	$ 14.57	$ 65.00						Test Charge to Private Ins, Medicaid
88175	Pap Smear (test #194074)	$ -	$ 26.00	$ 26.00	$ 20.80	$ 15.60	$ 10.40	$ 5.20	Sliding Scale Charge, Pvt. Ins
88141	Physician Read Pap (LabCorp)	$ -	$ 20.00						LabCorp Charge applies to P.P. only (No SFS)
87621	Reflex/Co-test (LabCorp)	$ -	$ 38.00						LabCorp Charge applies to P.P. only (No SFS)
Q0114	Fern	$ 9.74	$ 10.00						Test Charge to Private Ins.,Medicaid,Medicare
LABCORP LABS									
80076	Liver Function Profile (test#322755)		$ 2.90						LabCorp Charge applies to P.P. only (No SFS)
83036	Hemoglobin A1C (test # 001453)		$ 4.00						LabCorp Charge applies to P.P. only (No SFS)
83550	Anemia B Profile (test #042077)		$ 41.00						LabCorp Charge applies to P.P. only (No SFS)
83655	Adult Lead (test#007625)		$ 61.00						LabCorp Charge applies to P.P. only (No SFS)
85025	CBC w/Diff & Platelets (test #005009)		$ 3.00						LabCorp Charge applies to P.P. only (No SFS)
85049	Platelet Count (test#005249)		$ 3.00						LabCorp Charge applies to P.P. only (No SFS)
86762	Rubella (test #006197)		$ 10.10						LabCorp Charge applies to P.P. only (No SFS)
86787	Varicella igG (test#096206)		$ 10.10						LabCorp Charge applies to P.P. only (No SFS)
86850	Antibody Screen/IDC (test #006015)		$ 11.00						LabCorp Charge applies to P.P. only (No SFS)
86900	ABO (test # 006049)		$ 13.00						LabCorp Charge applies to P.P. only (No SFS)
87086	Urine Culture (test#008847)		$ 7.30						LabCorp Charge applies to P.P. only (No SFS)
87149	Group B Beta Strep (test #188128)		$ 4.00						LabCorp Charge applies to P.P. only (No SFS)
87255	Herpes Culture (test #008250)		$ 128.00						LabCorp Charge applies to P.P. only (No SFS)
87491	Chlamydia/GC Probe (test #183194)		$ 30.00						LabCorp Charge applies to P.P. only (No SFS)
87591	Neisseria Gonorrhoea (test #188086)		$ 15.00						LabCorp Charge applies to P.P. only (No SFS)
STD LABCORP LABS									
86694	Herpes Simplex Virus (test#164806		$ 80.00	DEACTIVATED 10/16/15					P.P. and Pvt. Ins. Not sure about Medicaid
86803	Hep C Antibody (test#140659)		$ 88.00	NO PAYMENT AGREEEMENT					P.P. and Pvt. Ins. Not sure about Medicaid
86803	Hep C Ab w/reflex (test#144065)		$ 474.00	NO PAYMENT AGREEEMENT					P.P. and Pvt. Ins. Not sure about Medicaid
86606 & 86695	HSV I & II Antibody IgG		$ 181.00	NO PAYMENT AGREEEMENT					P.P. and Pvt. Ins. Not sure about Medicaid
	(includes prenatal) test #164905								P.P. and Pvt. Ins. Not sure about Medicaid
87491, 87591, & 87661	GC/CT/Trich (urine)/		$ 66.40	NO PAYMENT AGREEEMENT					P.P. and Pvt. Ins. Not sure about Medicaid

Revised: 8-19-2015

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
	Male urethral (test#183160)								
86695 & 86696	HSV I & II IgM (test # 165180)		$ 96.50	NO PAYMENT AGREEEMENT					P.P. and Pvt. Ins. Not sure about Medicaid
87491	Chlamydia/GC Probe (test #183194)		$ 30.00	NO PAYMENT AGREEEMENT					P.P. and Pvt. Ins. Not sure about Medicaid
86480	Quantiferon Test (test #183244 & 182873)		$ 55.00	NO PAYMENT AGREEEMENT					P.P. and Pvt. Ins. Not sure about Medicaid
	OTHER								
LU 030	UPS (Rabies Titer Multiple)	$ -	$ 75.00						No Sliding Fee. Private Pay
36415	Venipuncture	$ 2.78	$ 11.00	$ 11.00	$ 8.80	$ 6.60	$ 4.40	$ 2.20	Pat. Pay, Private Ins, Medicaid, Medicare
90471EP	Immunization Update	$ 13.71	$ 25.00						Private Insurance, Medicaid
90471	Injection Admin. (Adult)	$ 13.71	$ 25.00						Pt. Pay, Private Ins. Medicaid
90472EP	Injection Administering Charge	$ 13.71	$ 18.00						Bill Medicaid for each additional vaccine
90472	Injection Administering Charge	$ 10.00	$ 18.00						Bill Medicaid, Pat. Pay, Priv Ins. for each add.vacc.
90473	FluMist (signle)		$ 25.00						Bill Medicaid, Medicare, Pvt. Ins. P.P.
90474	FluMist (multiple vaccines)		$ 18.00						Bill Medicaid, Medicare, Pvt. Ins. P.P.
86592	RPR/STS -- Handling		$ 11.00						Add to AH Physicals
89220	Sputum Specimen Collection		NC						
99000	Handling Charge	$ -	$ 11.00						Report Only (Med) Charge for Sch/Work Physicals
G0008	Influenza Injection Admin.	$ -	$ 25.00	Medicare reimburses $23.62					Bill to Medicare Only
G0009	Pneumonia Injection Admin.	$ -	$ 25.00	Medicare reimburses					Bill to Medicare Only
G0010	Hep B Admin (Medicare)	$ -	$ 25.00	Medicare reimburses $23.62					Bill to Medicare Only
G0108	Cohart 4 Individual Counseling	$ 18.37	$ 55.00	Medicare reimburses $ 51.52					Bill to Medicare, Medicaid, Pvt Ins, P.P.
G0109	Cohart 4 Group Sessions	$ 10.29	$ 20.00	Medicare reimburses $ 14.21					Bill to Medicare, Medicaid, Pvt Ins, P.P.
LU017	Disability Verification/Leave	$ -	$ 15.00						Flat Rated Charge
LU018	Medical Record Copy	$ -	$ 10.00						.25 per page after first 10 pages
LU102	Comp. of Record for TB SCR		$ 15.00						Patient Pay Only
LU300	Backless Belt Position Booster Seat		$ 10.00						Patient Pay Only
LU301	High Back Belt Position Booster Seat		$ 10.00						Patient Pay Only
LU302	Forward Facing Combination Seat		$ 20.00						Patient Pay Only
LU303	Forward Facing Convertible Seat		$ 20.00						Patient Pay Only
LU304	Rear Facing Infant/Convertible Seat		$ 20.00						Patient Pay Only
LU400	Miscellaneous Serices								
LU402	Medicaid Co-Pay		$ 5.00						Medicaid Patients Only
LU403	Private Ins. Co-Pay		$ 20.00						Private Ins. Patients Only

RABIES TITER: Test done through
Rapid Fluorescent Focus Inhibitation Test
Department Of Veterinary Diagnosis
1800 Denison Avenue
KSU Veterinary Medical Center
Manhattan, KS 66506-5600
(785) 532-4483

COUNTY EMPLOYEE' (DSS,HEALTH DEPT,EMS,SHERIFF'S DEPT/JAIL, PUBLIC BUILDING & GROUNDS VETERANS OFFICE, C COUNTY ADMIN. & GENERAL SER., TAX OFFICE, ELECTION OFFICE, REGISTER OF DEEDS, TRANSPORTATION, INSPECTION, SOIL & WATER, PARKS & RECREATIION, COOPERATIVE EXT., AND LANDFILL.

Do Not Charge Admin. Fee's for Injections. Charge cost of vaccine only.

Reviewed & Revised: February 1, 2015
Reviewed & Revised: September 3, 2015
Reviewed & Revised: October 13, 2015
Reviewed & Revised: November 24, 2015
Reviewed & Revised: February 10, 2016
Reviewed & Revised: January 28, 2016

Revised: 8-19-2015

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT

Reviewed & Revised: March 2, 2016
Reviewed & Revised: March 8, 2016
Reviewed & Revised: May 24, 2016
Reviewed & Revised: June 15, 2016