

### DEPARTMENT NAME :

Joseph F. Sullivan Center (Clinical Ed/Prac & Med Surv)

## **VICE-PRESIDENT AREA:**

**Provost (HEHD)** 

| DESCRIPTION OF COMMODITY OR SERVICE :                               | UNIT OF<br>BILLING | FY 14/15<br>RATE | CUSTOMERS BEING<br>SERVED          |
|---|--------------------|------------------|------------------------------------|
| New Patient - Office Services (Nurse Practitioner                   |                    |                  |                                    |
| Services)   |                    |                  |                                    |
| Problem Focused   | each visit         | \$45.00          | faculty, staff, community          |
| Expanded Problem Focused  | each visit         | \$65.00          | п                                  |
| Detailed  | each visit         | \$95.00          | п                                  |
| Comprehensive - Moderate Complexity                                 | each visit         | \$120.00         | п                                  |
| Comprehensive - High Complexity                                     | each visit         | \$150.00         | II                                 |
| Established Patient - Office Services (Nurse Practitioner Services) |                    |                  |                                    |
| Follow-Up Recent Visit; RN Visit; Venipuncture Visit                | each visit         | \$20.00          | n                                  |
| Problem Focused   | each visit         | \$35.00          | 11                                 |
| Expanded Problem Focused  | each visit         | \$60.00          | п                                  |
| Detailed  | each visit         | \$90.00          | п                                  |
| Comprehensive   | each visit         | \$110.00         | II .                               |
| Fee To Phone-In Prescription  | each call          | \$10.00          | п                                  |
| New Patient - Physical Exams  |                    |                  |                                    |
| Well Child (Under 18 Years)   | each visit         | \$70.00          | п                                  |
| Adult (Over 17 Years)   | each visit         | \$100.00         | II                                 |
| Established Patient - Physical Exams                                |                    |                  |                                    |
| Well Child (Under 18 Years)   | each visit         | \$60.00          | п                                  |
| Adult (Over 17 Years)   | each visit         | \$90.00          | "                                  |
| Other Services  |                    |                  |                                    |
| Biopsy, Skin, Single (Does Not Inc. Lab Fee)                        | each visit         | \$70.00          | II                                 |
| Biopsy, Skin - Additional (Does Not Inc. Lab Fee)                   | each visit         | \$25.00          | п                                  |
| Burn, Initial Treatment   | each visit         | \$50.00          | 11                                 |
| Cervical Polyp (Does Not Inc. Lab Fee)                              | each visit         | \$100.00         | "                                  |
| Chemical peel, epidermal  | each visit         | \$70.00          | "                                  |
| Chemical exfoliation for acne                                       | each visit         | \$70.00          | "                                  |
| Colopscopy without Biopsy   | each visit         | \$100.00         | faculty, staff, community, student |
| Colopscopy With Biopsy (Does Not Include Lab Fee For Biopsy)        | each visit         | \$130.00         | faculty, staff, community, student |



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| Colopscopy With Biopsy And ECC (Does Not Include Lab Fee For Biopsy)          | each visit         | \$140.00         | faculty, staff, community, student |
| Colopscopy With Endocervical curettage (Does Not Include Lab Fee For Biopsy)  | each visit         | \$120.00         | faculty, staff, community, student |
| Cryosurgery   | each visit         | \$105.00         | faculty, staff, community, student |
| Destruction Benign or Premalignant Lesion (one)                               | each visit         | \$60.00          | faculty, staff, community          |
| Destruction Benign or Premalignant Lesions (2 - 14)                           | each visit         | \$5.00           | u .                                |
| Destruction Benign or Premalignant Lesions (>15)                              | each visit         | \$120.00         | u u                                |
| Destruction Lesion(s) - vulva, simple   | each visit         | \$100.00         | п                                  |
| Destruction Lesion(s) - penis, simple   | each visit         | \$110.00         | п                                  |
| Destruction Lesion(s) - anus, simple  | each visit         | \$150.00         | п                                  |
| Destruction Warts, Up To 14 (First Visit)                                     | each visit         | \$70.00          | п                                  |
| Diaphragm Fitting   | each visit         | \$55.00          | п                                  |
| Endometrial Biopsy (Does Not Include Lab Fee For Biopsy)                      | each visit         | \$110.00         | n .                                |
| Endometrial Biopsy performed with Colpo (Does Not Include Lab Fee For Biopsy) | each visit         | \$45.00          | п                                  |
| Excision Of Nail/Nail Matrix  | each visit         | \$120.00         | 11                                 |
| I & D Abscess   | each visit         | \$80.00          | n .                                |
| Implantable Contraceptive Capsules Insertion                                  | each visit         | \$105.00         | n .                                |
| Implantable Contraceptive Capsules Removal                                    | each visit         | \$115.00         | n .                                |
| Implantable Contraceptive Capsules Removal & Reinsertion                      | each visit         | \$190.00         | п                                  |
| Infusion  | each visit         | \$100.00         | n .                                |
| IUD Insertion   | each visit         | \$65.00          | faculty, staff, community, student |
| IUD Removal   | each visit         | \$75.00          | faculty, staff, community, student |
| Laceration Repair - Facial <2.5 Cm  | each visit         | \$110.00         | faculty, staff, community          |
| Laceration Repair - Facial >2.5 Cm  | each visit         | \$125.00         | "                                  |
| Laceration Repair - Non-Facial <2.5 Cm  | each visit         | \$90.00          | п                                  |
| Laceration Repair - Non-Facial >2.5cm   | each visit         | \$105.00         | п                                  |
| Leep  | each visit         | \$190.00         | п                                  |
| Photodynamic Light Therapy  | each visit         | \$100.00         | п                                  |
| Removal foreign body, ear   | each visit         | \$90.00          | п                                  |
| Removal Impacted Cerumen  | each visit         | \$50.00          | п                                  |
| Removal Skin Tags, Up To 15   | each visit         | \$60.00          | п                                  |
| Shaving, Lesion 0.5 cm or less  | each visit         | \$55.00          | п                                  |
| Shaving, Lesion 0.6 cm to 1.0 cm  | each visit         | \$65.00          | n .                                |
| <b>-</b>  |                    | •                |                                    |



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| having, Lesion 1.1 cm to 2.0 cm  | each visit         | \$80.00          | п                         |
| having, Lesion over 2.0 cm   | each visit         | \$95.00          | п                         |
| dd On Procedures For Nurse Practitioners -   |                    |                  | п                         |
| vailable With Office Service Fee Only  |                    |                  | II .                      |
| Listed Under Other Services  |                    |                  | II .                      |
| udiogram   | each visit         | \$10.00          | n .                       |
| KG (Screening)   | each visit         | \$20.00          | II .                      |
| ecal Occult Blood  | each visit         | \$10.00          | n .                       |
| capillary collection fee   | each visit         | \$5.00           | n .                       |
| pecimen collection fee   | each visit         | \$20.00          | n .                       |
| pirometry  | each visit         | \$25.00          | n .                       |
| trep Test  | each visit         | \$10.00          | n .                       |
| urgical Dressing   | each visit         | \$5.00           | n n                       |
| ympanogram   | each visit         | \$10.00          | II .                      |
| Vet Mount  | each visit         | \$10.00          | n .                       |
|  |                    |                  | n .                       |
| ncillary Services  |                    |                  | n .                       |
| lood Pressure Check  | each visit         | \$5.00           | n .                       |
| lood Sugar Screening - Fingerstick   | each visit         | \$10.00          | n n                       |
| lealth Risk Appraisal  | each visit         | \$100.00         | n .                       |
| lemoglobin Screening - Fingerstick   | each visit         | \$10.00          | II .                      |
| PD (TB Skin Test)  | each visit         | \$15.00          |                           |
| regnancy Test (Urine)  | each visit         | \$10.00          | II .                      |
| Irinalysis   | each visit         | \$10.00          | II .                      |
| Irinalysis - Microalbumin  | each visit         | \$15.00          |                           |
| enipuncture  | each visit         | \$6.00           | n .                       |
| ision Test (Screening)   | each visit         | \$10.00          | П                         |
| dm. Fee To Copy Patient's Medical Record (For  |                    | <b>#25.00</b>    | "                         |
| ns. Company, Disability Request, Etc.)   | each request       | \$35.00          |                           |
| mmunizations/Injections - Vaccine Cost +25%<br>lark-Up (Round Up To Next \$ Amt.) + Adm. Fee |                    |                  | <del>.</del>              |
| dministration Fee For Immunizations  VAFAC/Other Immunizations Not Listed)                   | each visit         | \$15.00          | п                         |
| lu Vaccine (follows imz. Pricing)  | each visit         | see note         | n .                       |



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|   |                    |                  | "                         |
| Preventative Health   |                    |                  | External customers        |
| Fitness Testing Package   | 3 appt. package    | \$75.00          | II .                      |
| Fitness Testing Follow-Up   | 2 appointments     | \$50.00          | faculty, staff, community |
| Rich Media Development (External)                                       |                    | \$100.00         | II                        |
| Off Site Educational Sessions   |                    | \$100.00         | II .                      |
| Group Health Counseling & or risk factor reduction (approx. 60 Minutes) |                    | \$20.00          | п                         |
| CPR (Fee + Additional Fee For Card/Roster And Book)                     |                    | \$30.00          | п                         |
| Consultation - APN (30 Min. Or Less)                                    |                    | \$60.00          |                           |
| Consultation - APN (31 - 60 Min.)                                       |                    | \$120.00         | II .                      |
| Preventive counseling & or risk factor reduction - approx 15 min.       |                    | \$30.00          | II .                      |
| Preventive counseling & or risk factor reduction - approx 30 min.       |                    | \$60.00          | п                         |
| Preventive counseling & or risk factor reduction - approx 45 min.       |                    | \$90.00          | н                         |
| Preventive counseling & or risk factor reduction - approx 60 min.       |                    | \$120.00         | н                         |

Special Promotional Prices May Be Offered For Groups Fees May Be Adjusted For Services Provided On Mobile Medical Clinic