



## BILLING RATES - FY 21/22

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

**Academic Affairs (BSHS)**

| DESCRIPTION OF<br>COMMODITY OR SERVICE :             | UNIT OF<br>BILLING | FY 21/22<br>RATE | CUSTOMERS BEING<br>SERVED |
|--|--------------------|------------------|---------------------------|
| <b>Office Services</b>                               |                    |                  |                           |
| New Patient  |                    |                  |                           |
| Problem Focused                                      | per visit          | \$42.00          | Internal/External         |
| Expanded Problem Focused                             | per visit          | \$74.00          | Internal/External         |
| Detailed   | per visit          | \$105.00         | Internal/External         |
| Comprehensive - Moderate Complexity                  | per visit          | \$164.00         | Internal/External         |
| Comprehensive - High Complexity                      | per visit          | \$206.00         | Internal/External         |
| <b>Established Patient</b>                           |                    |                  |                           |
| Follow-Up Recent Visit; RN Visit; Venipuncture Visit | per visit          | \$20.00          | Internal/External         |
| Problem Focused                                      | per visit          | \$44.00          | Internal/External         |
| Expanded Problem Focused                             | per visit          | \$72.00          | Internal/External         |
| Detailed   | per visit          | \$108.00         | Internal/External         |
| Comprehensive  | per visit          | \$145.00         | Internal/External         |



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|---|--------------------|------------------|---------------------------|
| <b>New Patient - Physical Exams</b>         |                    |                  |                           |
| Well Child (Under 18 Years)                 | per visit          | \$108.00         | Internal/External         |
| Adult (Over 17 Years)                       | per visit          | \$100.00         | Internal/External         |
| <b>Established Patient - Physical Exams</b> |                    |                  |                           |
| Well Child (Under 18 Years)                 | per visit          | \$85.00          | Internal/External         |
| Adult (Over 17 Years)                       | per visit          | \$90.00          | Internal/External         |
| <b>Office Consultation</b>                  |                    |                  |                           |
| Problem Focused                             | per visit          | \$50.00          | Internal/External         |
| Expanded Problem Focused                    | per visit          | \$90.00          | Internal/External         |
| Comprehensive - Low Complexity              | per visit          | \$120.00         | Internal/External         |
| Comprehensive - Moderate Complexity         | per visit          | \$150.00         | Internal/External         |
| Comprehensive - High Complexity             | per visit          | \$200.00         | Internal/External         |



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|--|------------------------|----------------------|-------------------------------|
| <b>Procedures</b>                                  |                        |                      |                               |
| Biopsy, Skin, single*                              | per occurrence         | \$84.00              | Internal/External             |
| Biopsy, Skin - each additional*                    | per occurrence         | \$20.00              | Internal/External             |
| Cervical Polyp*                                    | per occurrence         | \$130.00             | Internal/External             |
| Coloscopy without Biopsy                           | per occurrence         | \$142.00             | Internal/External             |
| Coloscopy With Biopsy*                             | per occurrence         | \$198.00             | Internal/External             |
| Coloscopy With Biopsy And ECC*                     | per occurrence         | \$198.00             | Internal/External             |
| Coloscopy With Endocervical curettage*             | per occurrence         | \$140.00             | Internal/External             |
| Cryosurgery  | per occurrence         | \$188.00             | Internal/External             |
| Destruction Benign or Premalignant Lesion (one)    | per occurrence         | \$66.00              | Internal/External             |
| Destruction Benign or Premalignant Lesions (>2-15) | per occurrence         | \$120.00             | Internal/External             |
| Destruction Lesion(s) - vulva, simple              | per occurrence         | \$150.00             | Internal/External             |
| Destruction Lesion(s) - penis, simple              | per occurrence         | \$158.00             | Internal/External             |
| Destruction Lesion(s) - anus, simple               | per occurrence         | \$266.00             | Internal/External             |



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| Destruction Warts, Up To 14 (First Visit)                   | per occurrence     | \$70.00          | Internal/External         |
| Diaphragm Fitting   | per occurrence     | \$98.00          | Internal/External         |
| Endometrial Biopsy*   | per occurrence     | \$140.00         | Internal/External         |
| Endometrial Biopsy performed with Colpo*                    | per occurrence     | \$64.00          | Internal/External         |
| Excision Of Nail/Nail Matrix                                | per occurrence     | \$180.00         | Internal/External         |
| I & D Abscess   | per occurrence     | \$100.00         | Internal/External         |
| Implantable Contraceptive Capsules Insertion                | per occurrence     | \$134.00         | Internal/External         |
| Implantable Contraceptive Capsules Removal                  | per occurrence     | \$202.00         | Internal/External         |
| Implantable Contraceptive Capsules Removal &<br>Reinsertion | per occurrence     | \$240.00         | Internal/External         |
| Infusion  | per occurrence     | \$100.00         | Internal/External         |
| IUD Insertion   | per occurrence     | \$108.00         | Internal/External         |
| IUD Removal   | per occurrence     | \$124.00         | Internal/External         |
| Laceration Repair - Facial <2.5 Cm                          | per occurrence     | \$136.00         | Internal/External         |
| Laceration Repair - Facial >2.5 Cm                          | per occurrence     | \$162.00         | Internal/External         |



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| Laceration Repair - Non-Facial <2.5 Cm   | per occurrence     | \$120.00         | Internal/External         |
| Laceration Repair - Non-Facial >2.5cm    | per occurrence     | \$146.00         | Internal/External         |
| Leep                                     | per occurrence     | \$454.00         | Internal/External         |
| Removal foreign body, ear                | per occurrence     | \$116.00         | Internal/External         |
| Removal Impacted Cerumen                 | per occurrence     | \$78.00          | Internal/External         |
| Removal Skin Tags, Up To 15              | per occurrence     | \$70.00          | Internal/External         |
| Shaving, Lesion 0.5 cm or less           | per occurrence     | \$82.00          | Internal/External         |
| Shaving, Lesion 0.6 cm to 1.0 cm         | per occurrence     | \$100.00         | Internal/External         |
| Shaving, Lesion 1.1 cm to 2.0 cm         | per occurrence     | \$142.00         | Internal/External         |
| Shaving, Lesion over 2.0 cm              | per occurrence     | \$144.00         | Internal/External         |

\*Indicates procedure does not include laboratory fee

**Add On Procedures available with Office Service  
Fee Only -**

|           |                |         |                   |
|-----------|----------------|---------|-------------------|
| Audiogram | per occurrence | \$17.00 | Internal/External |
|-----------|----------------|---------|-------------------|



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|---|------------------------|----------------------|-------------------------------|
| EKG (Screening)   | per occurrence         | \$36.00              | Internal/External             |
| Fecal Occult Blood  | per occurrence         | \$10.00              | Internal/External             |
| Flu A/B Test  | per occurrence         | \$24.00              | Internal/External             |
| Capillary collection fee  | per occurrence         | \$5.00               | Internal/External             |
| Specimen collection fee   | per occurrence         | \$20.00              | Internal/External             |
| Spirometry  | per occurrence         | \$50.00              | Internal/External             |
| Strep Test  | per occurrence         | \$10.00              | Internal/External             |
| Surgical Dressing   | per occurrence         | \$5.00               | Internal/External             |
| Tympanogram   | per occurrence         | \$22.00              | Internal/External             |
| Wet Mount   | per occurrence         | \$10.00              | Internal/External             |
| <b>Ancillary Services</b>   |                        |                      |                               |
| Acupuncture, one or more needles without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient | per visit              | \$50.00              | Internal/External             |
| Acupuncture, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles               | per visit              | \$35.00              | Internal/External             |



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| Blood Pressure Check   | per visit          | \$5.00           | Internal/External         |
| Blood Sugar Screening - Fingerstick                          | per occurrence     | \$10.00          | Internal/External         |
| Health Risk Appraisal  | per occurrence     | \$100.00         | Internal/External         |
| Hemoglobin Screening - Fingerstick                           | per occurrence     | \$10.00          | Internal/External         |
| PPD (TB Skin Test)   | per occurrence     | \$20.00          | Internal/External         |
| Pregnancy Test (Urine)                                       | per occurrence     | \$10.00          | Internal/External         |
| Urinalysis   | per occurrence     | \$10.00          | Internal/External         |
| Urinalysis - Microalbumin                                    | per occurrence     | \$15.00          | Internal/External         |
| Venipuncture   | per occurrence     | \$6.00           | Internal/External         |
| Vision Test (Screening)                                      | per occurrence     | \$10.00          | Internal/External         |
| Phone-In Prescription Refill                                 | per occurrence     | \$10.00          | Internal/External         |
| Forms Processing (copy, completion medical forms or records) | per occurrence     | \$35.00          | Internal/External         |



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|---|------------------------|----------------------|-------------------------------|
| Immunizations/Injections/Vaccines - Medication Cost + 25% Mark-Up       | per occurrence         | Cost + 25%           | Internal/External             |
| Administration Fee For Immunizations/Vaccines                           | per occurrence         | \$15.00              | Internal/External             |
| Injection Fee   | per occurrence         | \$15.00              | Internal/External             |
| <b>Preventative Health &amp; Education</b>                              |                        |                      |                               |
| BIA   | per occurrence         | \$20.00              | Internal/External             |
| Fitness Testing Package   | per package            | \$75.00              | Internal/External             |
| Fitness Testing Follow-Up   | per visit              | \$50.00              | Internal/External             |
| Off Site Educational Sessions   | per occurrence         | \$100.00             | Internal/External             |
| Group Health Counseling & or risk factor reduction (approx. 60 Minutes) | per occurrence         | \$20.00              | Internal/External             |
| Consultation - APN (31 - 60 Min.)                                       | per occurrence         | \$120.00             | Internal/External             |
| Physical Performance test and measurement -per each 15 minutes          | per occurrence         | \$20.00              | Internal/External             |
| Preventive counseling & or risk factor reduction - approx. 15 min.      | per occurrence         | \$30.00              | Internal/External             |
| Preventive counseling & or risk factor reduction - approx. 30 min.      | per occurrence         | \$60.00              | Internal/External             |





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| Preventive counseling & or risk factor reduction - approx. 45 min.   | per occurrence         | \$90.00              | Internal/External             |
| Preventive counseling & or risk factor reduction - approx. 60 min.   | per occurrence         | \$120.00             | Internal/External             |
| CPR (Fee + Additional Fee For Card/Roster And Book)  | per occurrence         | \$30.00              | Internal                      |
| CPR (Fee + Additional Fee For Card/Roster And Book)  | per occurrence         | \$60.00              | External                      |
| Special Promotional Prices May Be Offered For Groups   |                        |                      | Internal/External             |
| Fees May Be Adjusted For Services Provided On Mobile Medical Clinic  |                        |                      | Internal/External             |
| Uninsured, self pay patients will receive 40% discount on office visits, physical exams, consultations, and procedures |                        |                      | Internal/External             |
| Services provided through Medical Surveillance for University employees are billed at cost to the department           |                        |                      | Internal                      |