



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Office Visits			
New Patient			
Problem Focused	per visit	\$50.00	Internal/External
Expanded Problem Focused	per visit	\$83.00	Internal/External
Detailed	per visit	\$128.00	Internal/External
Comprehensive - Moderate Complexity	per visit	\$192.00	Internal/External
Comprehensive - High Complexity	per visit	\$254.00	Internal/External
Established Patient			
Follow-Up Recent Visit; RN Visit; Venipuncture Visit	per visit	\$26.00	Internal/External
Problem Focused	per visit	\$64.00	Internal/External
Expanded Problem Focused	per visit	\$104.00	Internal/External
Detailed	per visit	\$147.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Comprehensive	per visit	\$208.00	Internal/External
New Patient - Preventive Physical Exams			
Age < 1	per visit	\$129.00	Internal/External
Ages 1-4	per visit	\$141.00	Internal/External
Ages 5-11	per visit	\$138.00	Internal/External
Ages 12-17	per visit	\$151.00	Internal/External
Age > 18	per visit	\$151.00	Internal/External
Annual Wellness Visit, Initial (Medicare)	per visit	\$193.00	Internal/External
Established Patient - Preventive Physical Exams			
Age < 1	per visit	\$101.00	Internal/External
Ages 1-4	per visit	\$115.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Ages 5-11	per visit	\$114.00	Internal/External
Ages 12-17	per visit	\$123.00	Internal/External
Age > 18	per visit	\$125.00	Internal/External
Annual Wellness Visit, Subsequent (Medicare)	per visit	\$150.00	Internal/External
Office Consultation			
Problem Focused	per visit	\$63.00	Internal/External
Expanded Problem Focused	per visit	\$119.00	Internal/External
Comprehensive - Low Complexity	per visit	\$164.00	Internal/External
Comprehensive - Moderate Complexity	per visit	\$245.00	Internal/External
Comprehensive - High Complexity	per visit	\$302.00	Internal/External
Sports Physical	per visit	\$45.00	Internal/External
Counseling visit to discuss need for lung cancer screening using low dose CT scan	per visit	\$33.00	Internal/External
Procedures			
Automated point of care retinal imaging	per occurrence	\$51.00	Internal/External
Biopsy, Skin, single* (shave, scoop, curette)	per occurrence	\$116.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Biopsy, Skin - each additional*	per occurrence	\$58.00	Internal/External
Cervical Polyp*	per occurrence	\$179.00	Internal/External
Coloscopy without Biopsy	per occurrence	\$140.00	Internal/External
Coloscopy With Biopsy*	per occurrence	\$196.00	Internal/External
Coloscopy With Biopsy And ECC*	per occurrence	\$196.00	Internal/External
Coloscopy With Endocervical curettage*	per occurrence	\$180.00	Internal/External
Cryosurgery	per occurrence	\$232.00	Internal/External
Debridement; open wound; including topical application, wound assessment; per session, total wound surface area first 20cm or less	per occurrence	\$116.00	Internal/External
Each additional 20cm or part thereof (add on code to 97597)	per occurrence	\$52.00	Internal/External
Destruction Benign or Premalignant Lesion (2-4)	per occurrence	\$94.00	Internal/External
Destruction Benign or Premalignant Lesions (>4)	per occurrence	\$104.00	Internal/External
Destruction Lesion(s) - vulva, simple	per occurrence	\$194.00	Internal/External
Destruction Lesion(s) - penis, simple	per occurrence	\$161.00	Internal/External
Destruction Lesion(s) - anus, simple	per occurrence	\$305.00	Internal/External
Destruction Warts, Up To 14 (First Visit)	per occurrence	\$82.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Diaphragm Fitting	per occurrence	\$90.00	Internal/External
Endometrial Biopsy*	per occurrence	\$118.00	Internal/External
Endometrial Biopsy performed with Colpo*	per occurrence	\$58.00	Internal/External
Excision Of Nail/Nail Matrix	per occurrence	\$184.00	Internal/External
I & D Abscess	per occurrence	\$142.00	Internal/External
Implantable Contraceptive Capsules Insertion	per occurrence	\$116.00	Internal/External
Implantable Contraceptive Capsules Removal	per occurrence	\$166.00	Internal/External
Implantable Contraceptive Capsules Removal & Reinsertion	per occurrence	\$163.00	Internal/External
IV Infusion	per occurrence	\$100.00	Internal/External
IUD Insertion	per occurrence	\$130.00	Internal/External
IUD Removal	per occurrence	\$128.00	Internal/External
Laceration Repair - Facial <2.5 Cm	per occurrence	\$128.00	Internal/External
Laceration Repair - Facial >2.5 Cm	per occurrence	\$134.00	Internal/External
Laceration Repair - Non-Facial <2.5 Cm	per occurrence	\$107.00	Internal/External
Laceration Repair - Non-Facial >2.5cm	per occurrence	\$129.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Leep	per occurrence	\$352.00	Internal/External
Punch Biopsy of Skin, single lesion	per occurrence	\$145.00	Internal/External
Each additional punch biopsy	per occurrence	\$68.00	Internal/External
Removal foreign body, ear	per occurrence	\$91.00	Internal/External
Removal Impacted Cerumen	per occurrence	\$54.00	Internal/External
Removal Skin Tags, Up To 15	per occurrence	\$103.00	Internal/External
Shaving, Lesion 0.5 cm or less	per occurrence	\$133.00	Internal/External
Shaving, Lesion 0.6 cm to 1.0 cm	per occurrence	\$158.00	Internal/External
Shaving, Lesion 1.1 cm to 2.0 cm	per occurrence	\$179.00	Internal/External
Shaving, Lesion over 2.0 cm	per occurrence	\$209.00	Internal/External
Trigger Point in 1 to 2 muscle groups	per occurrence	\$62.00	Internal/External
Trigger Point in 3+ muscle groups	per occurrence	\$71.00	Internal/External
Major Joint or Bursa	per occurrence	\$74.00	Internal/External
Small Joint or Bursa	per occurrence	\$61.00	Internal/External
Intermediate joint or Bursa	per occurrence	\$63.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Plantar Fascitis	per occurrence	\$66.00	Internal/External
Injection of Greater Occipital Nerve	per occurrence	\$86.00	Internal/External
*Indicates procedure does not include laboratory fee			
Food Security and Nutrition Services			
Initial Assesment/each 15 min	per occurrence	\$42.00	Internal/External
Reassessment/each 15 min.	per occurrence	\$37.00	Internal/External
Group (2 or more) each 30 min.	per occurrence	\$20.00	Internal/External
Adult Obesity (Initial Assesment)	per occurrence	\$25.00	Internal/External
Adult Obesity (reassessment)	per occurrence	\$20.00	Internal/External
Behavioral Health Services			
Psychosocial Assessment without medical services	per occurrence	\$208.00	Internal/External
Psychotherapy with the patient (38-52 minutes)	per occurrence	\$120.00	Internal/External
Psychotherapy with the patient (16 - 37 minutes)	per occurrence	\$91.00	Internal/External
Psychotherapy with the patient (53+ minutes)	per occurrence	\$176.00	Internal/External
Family therapy with the patient (50 minutes)	per occurrence	\$120.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Family Therapy without the patient present (50 minutes)	per occurrence	\$115.00	Internal/External
Group Therapy	per occurrence	\$32.00	Internal/External
Brief emotional/behavioral assessment for various screening tools including PHQ9	per occurrence	\$5.00	Internal/External
Medicare Depression Screen (15 minutes)	per occurrence	\$21.00	Internal/External
Psychotherapy for crisis (30-74 minutes)	per occurrence	\$168.00	Internal/External
Psychotherapy for crisis (for each additional 30 minutes)	per occurrence	\$83.00	Internal/External
Each additional 30 min of therapy after 90837	per occurrence	\$83.00	Internal/External
Case management	per occurrence	\$0.00	Internal/External
Case management	per occurrence	\$0.00	Internal/External
Case management	per occurrence	\$0.00	Internal/External
Remote Patient Monitoring			
Initial setup of device	per occurrence	\$21.00	Internal/External
Device supply with daily recordings and programmed alerts	per occurrence	\$60.00	Internal/External
20 minutes of monitoring and treatment management that includes interactive communication with the patient or caregiver during the calendar month	per occurrence	\$56.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Each additional 20 minutes of monitoring and treatment management services provided	per occurrence	\$46.00	Internal/External
30 minutes of monitoring each 30 days that does not require interactive communication	per occurrence	\$65.00	Internal/External
Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	per occurrence	\$13.00	Internal/External
Separate self-measurements of two readings one minute apart, twice daily over a 30 day period (minimum of 12 readings), collection of data reported by the patient or caregiver to the health professional with report of average systolic and diastolic pressures and subsequent communication of treatment plan to the patient	per occurrence	\$17.00	Internal/External
Add On Procedures available with Office Visit (Service Fee Only)			
Audiogram (Pure tone audiometry; air only)	per occurrence	\$37.00	Internal/External
Capillary collection fee	per occurrence	\$6.00	Internal/External
EKG (Screening)	per occurrence	\$16.00	Internal/External
Fecal Occult Blood	per occurrence	\$10.00	Internal/External
Fingerstick Glucose	per occurrence	\$7.00	Internal/External
Fingerstick Hemoglobin	per occurrence	\$7.00	Internal/External
Fingerstick Hemoglobin A1C	per occurrence	\$29.00	Internal/External
Fingerstick Hepatitis C Antibody Screening	per occurrence	\$44.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Fingerstick Lipid Panel	per occurrence	\$25.00	Internal/External
Flu A/B Test (two units 87804 - use modifier 59)	per occurrence	\$36.00	Internal/External
Pregnancy Test (Urine)	per occurrence	\$19.00	Internal/External
Specimen Collection / Venipuncture	per occurrence	\$6.00	Internal/External
Spirometry	per occurrence	\$30.00	Internal/External
Strep Test	per occurrence	\$72.00	Internal/External
Tympanogram	per occurrence	\$19.00	Internal/External
Urinalysis	per occurrence	\$7.00	Internal/External
Urinalysis - Microalbumin	per occurrence	\$8.00	Internal/External
Vision Test (Screening)	per occurrence	\$6.00	Internal/External
Wet Mount	per occurrence	\$12.00	Internal/External
Acupuncture Services			
Acupuncture, one or more needles without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	per visit	\$46.00	Internal/External
Acupuncture, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles	per visit	\$34.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Immunizations/Injections/Vaccines - Medication Cost + 25% Mark-Up			
Administration Fee For Immunizations/Vaccines	per visit	\$19.00	Internal/External
Each additional administration of immunization/vaccine	per occurrence	\$14.00	Internal/External
Injection Fee per injection	per occurrence	\$16.00	Internal/External
PPD (TB Skin Test)	per occurrence	\$12.00	Internal/External
Other			
Low dose CT scan (LDCT) for lung cancer screening	per occurrence		Internal/External
Blood Pressure Check	per occurrence	\$26.00	Internal/External
Phone-In Prescription Refill	per occurrence	\$10.00	Internal/External
Advance Care Planning, provided by qualified health professional, first 30 minutes face to face with patient, family members and/or surrogate	per occurrence	\$98.00	Internal/External
Advance Care planning, provided by qualified health professional, each additional 30 minutes	per occurrence	\$85.00	Internal/External
Forms Processing (copy, completion medical forms or records)		\$35.00	Internal/External
Preventative Health & Education			
BIA	per occurrence	\$20.00	Internal/External



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
Fitness Testing Package	per occurrence	\$75.00	Internal/External
Fitness Testing Follow-Up	per occurrence	\$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	\$36.00	Internal/External
Health Risk Appraisal	per occurrence	\$3.00	Internal/External
Physical Performance test and measurement -per each 15 minutes	per occurrence	\$39.00	Internal/External
Preventive counseling & or risk factor reduction - approx. 15 min.	per occurrence	\$47.00	Internal/External
Preventive counseling & or risk factor reduction - approx. 30 min.	per occurrence	\$85.00	Internal/External
Preventive counseling & or risk factor reduction - approx. 45 min.	per occurrence	\$121.00	Internal/External
Preventive counseling & or risk factor reduction - approx. 60 min.	per occurrence	\$158.00	Internal/External
CPR (Fee + Additional Fee For Card/Roster And Book)	per package	\$75.00	Internal/External
CPR (Fee + Additional Fee For Card/Roster And Book)	per visit	\$50.00	Internal/External

Special Promotional Prices May Be Offered For Groups

Fees May Be Adjusted For Services Provided On Mobile Medical Clinic



BILLING RATES - FY 22/23

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 22/23 RATE	CUSTOMERS BEING SERVED
--	----------------------------	--------------------------	-----------------------------------

Uninsured, self pay patients will receive 40% discount on office visits, physical exams, consultations, and procedures

Services provided through Medical Surveillance for University employees are billed at cost to the department