



BILLING RATES - FY 23/24

DEPARTMENT NAME :
Clemson Rural Health (Clinical Ed/Prac & Med Surv)

VICE-PRESIDENT AREA :
Academic Affairs (BSHS)

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
PR DRAIN SKIN ABSCESS SIMPLE	per occurrence	\$100.00	Internal/External
Destruction Warts, Up To 14 (First Visit)	per occurrence	\$75.00	Internal/External
Destruction Benign or Premalignant Lesion (2-4)	per occurrence	\$65.00	Internal/External
Destruction Benign or Premalignant Lesions (>4)	per occurrence	\$130.00	Internal/External
PR TANGENTIAL BIOPSY SKIN SINGLE LESION	per occurrence	\$90.00	Internal/External
Biopsy, Skin - each additional*	per occurrence	\$60.00	Internal/External
PR PUNCH BIOPSY SKIN SINGLE LESION	per occurrence	\$85.00	Internal/External
Each additional punch biopsy	per occurrence	\$50.00	Internal/External
PR REMOVAL OF SKIN TAGS, UP TO 15	per occurrence	\$75.00	Internal/External
PR SHAV SKIN LES 0.6-1.0 CM TRUNK,ARM,LEG	per occurrence	\$85.00	Internal/External
Shaving, Lesion 0.5 cm or less	per occurrence	\$85.00	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	\$115.00	Internal/External
Shaving, Lesion over 2.0 cm	per occurrence	\$130.00	Internal/External
PR EXC SKIN BENIG <0.5 CM TRUNK,ARM,LEG	per occurrence	\$133.00	Internal/External



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PR EXC SKIN BENIG 0.6-1 CM TRUNK,ARM,LEG	per occurrence	\$162.00	Internal/External
PR EXC SKIN BENIG 0.6-1 CM REMAINDR BODY	per occurrence	\$173.00	Internal/External
PR REMOVAL OF NAIL PLATE	per occurrence	\$120.00	Internal/External
PR REMOVAL OF NAIL BED	per occurrence	\$190.00	Internal/External
Implantable Contraceptive Capsules Removal	per occurrence	\$200.00	Internal/External
PR INSERTION DRUG DELIVERY IMPLANT	per occurrence	\$150.00	Internal/External
PR REMOVAL DRUG IMPLANT DEVICE	per occurrence	\$202.00	Internal/External
PR REMOVAL W/ REINSERT DRUG IMPLANT DEVICE	per occurrence	\$270.00	Internal/External
PR RESUPERF WND BODY <2.5CM	per occurrence	\$120.00	Internal/External
PR RESUP NPTERF WND BODY 2.6-7.5 CM	per occurrence	\$150.00	Internal/External
PR RESUPERF WND FACE <2.5 CM	per occurrence	\$130.00	Internal/External
PR RESUPERF WND FACE 2.6-5 CM	per occurrence	\$130.00	Internal/External
PR DESTRUC BENIGN/PREMA, FIRST LESION	per occurrence	\$70.00	Internal/External
PR DESTRUC BENIGN/PREMA, 2-14 LESIONS	per occurrence	\$20.00	Internal/External
PR DESTRUC BENIGN/PREMA, 15+ LESIONS	per occurrence	\$245.00	Internal/External



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PR DESTRUCTION BENIGN LESIONS UP TO 14	per occurrence	\$60.00	Internal/External
PR INJECT TENDON SHEATH/LIGAMENT	per occurrence	\$75.00	Internal/External
PR INJECT TRIGGER POINT, 1 OR 2	per occurrence	\$60.00	Internal/External
PR INJECT TRIGGER POINTS, > 3	per occurrence	\$65.00	Internal/External
PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	per occurrence	\$60.00	Internal/External
PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	per occurrence	\$65.00	Internal/External
PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	per occurrence	\$85.00	Internal/External
PR COLLECTION VENOUS BLOOD, VENIPUNCTURE	per occurrence	\$6.00	Internal/External
Capillary collection fee	per occurrence	\$5.00	Internal/External
Destruction Lesion(s) - anus, simple	per occurrence	\$200.00	Internal/External
Destruction Lesion(s) - penis, simple	per occurrence	\$150.00	Internal/External
PR DESTR PENIS LESN, SIMPL, CRYOSURG	per occurrence	\$180.00	Internal/External
PR I&D BARTHOLIN GLAND ABSCESS	per occurrence	\$160.00	Internal/External
Destruction Lesion(s) - vulva, simple	per occurrence	\$150.00	Internal/External
PR FITTING OF DIAPHRAGM/CAP	per occurrence	\$100.00	Internal/External



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PR COLPOSCOPY,CERVIX W/ADJ VAGINA	per occurrence	\$142.00	Internal/External
PR COLPOSC,CERVIX W/ADJ VAG,W/BX & CURRETAG	per occurrence	\$200.00	Internal/External
PR COLPOSCOPY,CERVIX W/ADJ VAGINA,W/BX	per occurrence	\$198.00	Internal/External
PR COLPOSCOPY,CERVIX W/ADJ VAGINA, CURETTAG	per occurrence	\$185.00	Internal/External
PR BIOPSY CERVIX, 1 OR MORE, OR EXCISION OF LESION	per occurrence	\$130.00	Internal/External
Colposcopy With Endocervical curettage*	per occurrence	\$140.00	Internal/External
PR CRYOCAUTERY OF CERVIX	per occurrence	\$190.00	Internal/External
PR CONIZATION CERVIX,LOOP ELECTRD	per occurrence	\$450.00	Internal/External
PR BIOPSY OF UTERUS LINING	per occurrence	\$140.00	Internal/External
Endometrial Biopsy performed with Colpo*	per occurrence	\$65.00	Internal/External
PR INSERT INTRAUTERINE DEVICE	per occurrence	\$110.00	Internal/External
PR REMOVE INTRAUTERINE DEVICE	per occurrence	\$120.00	Internal/External
PR INJECTION AA&/STRD GREATER OCCIPITAL NERVE	per occurrence	\$180.00	Internal/External
PR REMV EXT CANAL FOREIGN BODY	per occurrence	\$120.00	Internal/External
PR REMOVE IMPACTED EAR WAX	per occurrence	\$80.00	Internal/External



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CHG BASIC METABOLIC PANEL CALCIUM TOTAL	per occurrence	\$1.25	Internal/External
CHG ELECTROLYTE PANEL	per occurrence	\$1.25	Internal/External
CHG METABOLIC PANEL, COMPREHENSIVE	per occurrence	\$1.25	Internal/External
CHG LIPID PANEL	per occurrence	\$1.25	Internal/External
CHG RENAL FUNCTION PANEL	per occurrence	\$1.25	Internal/External
CHG HEPATITIS PANEL, ACUTE	per occurrence	\$1.25	Internal/External
CHG HEPATIC FUNCTION PANEL	per occurrence	\$1.25	Internal/External
CHG DRUG CONFIRMATION, EACH PROC	per occurrence	\$1.25	Internal/External
CHG ASSAY OF CARBAMAZEPINE TOTAL	per occurrence	\$1.25	Internal/External
CHG DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	per occurrence	\$1.25	Internal/External
CHG DRUG SCREEN QUANT DIPROPYLACETIC ACID TOTAL	per occurrence	\$1.25	Internal/External
CHG DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	per occurrence	\$1.25	Internal/External
PR LEVETIRACETAM	per occurrence	\$1.25	Internal/External
CHG ASSAY OF LITHIUM	per occurrence	\$1.25	Internal/External
PR OXCARBAZEPINE	per occurrence	\$1.25	Internal/External



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CHG ASSAY OF PHENYTOIN, TOTAL	per occurrence	\$1.25	Internal/External
CHG ASSAY OF PHENYTOIN, FREE	per occurrence	\$1.25	Internal/External
PR ZONISAMIDE	per occurrence	\$1.25	Internal/External
CHG QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	per occurrence	\$1.25	Internal/External
CHG DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	per occurrence	\$1.25	Internal/External
CHG URINALYSIS, AUTO, W/SCOPE	per occurrence	\$1.25	Internal/External
CHG URINALYSIS, AUTO, W/O SCOPE	per occurrence	\$1.25	Internal/External
CHG MICROSCOPIC EXAM OF URINE	per occurrence	\$1.25	Internal/External
CHG URINE PREGNANCY TEST	per occurrence	\$1.25	Internal/External
CHG ASSAY OF ACTH	per occurrence	\$1.25	Internal/External
CHG ASSAY OF SERUM ALBUMIN	per occurrence	\$1.25	Internal/External
CHG URINE ALBUMIN QUANTITATIVE	per occurrence	\$1.25	Internal/External
CHG URINE ALBUMIN SEMIQUANTITATIVE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF ALDOSTERONE	per occurrence	\$1.25	Internal/External
CHG ALPHA-FETOPROTEIN, SERUM	per occurrence	\$1.25	Internal/External



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CHG ASSAY OF AMMONIA	per occurrence	\$1.25	Internal/External
CHG ASSAY OF AMYLASE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF APOLIPOPROTEIN	per occurrence	\$1.25	Internal/External
CHG BILIRUBIN TOTAL	per occurrence	\$1.25	Internal/External
CHG BILIRUBIN DIRECT	per occurrence	\$1.25	Internal/External
CHG BLOOD OCCULT,BY PEROXID,FECES,SINGLE, COLORECTAL SCREEN	per occurrence	\$1.25	Internal/External
CHG BLOOD,OCCULT,FECAL HGB,FECES,1-3 SIMULT	per occurrence	\$1.25	Internal/External
CHG ASSAY OF VIT D,CALCIFEDIOL W FRACTIONS, IF PERFORMED	per occurrence	\$1.25	Internal/External
CHG ASSAY OF CALCIUM, TOTAL	per occurrence	\$1.25	Internal/External
CHG ASSAY BLOOD CARBON DIOXIDE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF BLOOD CHLORIDE	per occurrence	\$1.25	Internal/External
CHG ASSAY, BLD/SERUM CHOLESTEROL	per occurrence	\$1.25	Internal/External
CHG CORTISOL, FREE	per occurrence	\$1.25	Internal/External
CHG TOTAL CORTISOL	per occurrence	\$1.25	Internal/External



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CHG ASSAY OF CK (CPK)	per occurrence	\$1.25	Internal/External
CHG ASSAY OF CREATININE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF URINE CREATININE	per occurrence	\$1.25	Internal/External
CHG CREATININE CLEARANCE TEST	per occurrence	\$1.25	Internal/External
CHG VITAMIN B-12	per occurrence	\$1.25	Internal/External
CHG DEHYDROEPIANDROSTERONE	per occurrence	\$1.25	Internal/External
CHG DEHYDROEPIANDROSTERONE-SULFATE	per occurrence	\$1.25	Internal/External
CHG ASSAY, DIHYDROXYVITAMIN D W/FRACTIONS, IF PERFORMED	per occurrence	\$1.25	Internal/External
CHG ASSAY OF ERYTHROPOIETIN	per occurrence	\$1.25	Internal/External
CHG ASSAY OF TOTAL ESTRADIOL	per occurrence	\$1.25	Internal/External
CHG ASSAY OF ESTRIOL	per occurrence	\$1.25	Internal/External
CHG ASSAY OF ESTRONE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF FERRITIN	per occurrence	\$1.25	Internal/External
CHG BLOOD FOLIC ACID SERUM	per occurrence	\$1.25	Internal/External



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CHG ASSAY OF FOLIC ACID, RBC	per occurrence	\$1.25	Internal/External
CHG ASSAY OF GAMMAGLOBULIN IGA, IGD, IGG, IGM, EACH	per occurrence	\$1.25	Internal/External
CHG ASSAY OF GAMMAGLOBULIN IGE	per occurrence	\$1.25	Internal/External
CHG IGG1, 2, 3 OR 4, EACH	per occurrence	\$1.25	Internal/External
CHG ASSAY QUANTITATIVE,BLOOD GLUCOSE	per occurrence	\$1.25	Internal/External
CHG REAGENT STRIP/BLOOD GLUCOSE	per occurrence	\$1.25	Internal/External
CHG GLUCOSE TOLERANCE TEST (GTT)	per occurrence	\$1.25	Internal/External
CHG GLUCOSE BLOOD TEST	per occurrence	\$1.25	Internal/External
CHG ASSAY OF GGT	per occurrence	\$1.25	Internal/External
CHG GLYCATED PROTEIN	per occurrence	\$1.25	Internal/External
CHG GONADOTROPIN (FSH)	per occurrence	\$1.25	Internal/External
CHG GONADOTROPIN (LH)	per occurrence	\$1.25	Internal/External
CHG H. PYLORI;BREATH TEST, NON-ISOTOPE	per occurrence	\$1.25	Internal/External
CHG GLYCOSYLATED HEMOGLOBIN TEST	per occurrence	\$1.25	Internal/External



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CHG ASSAY OF HOMOCYSTINE	per occurrence	\$1.25	Internal/External
CHG IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	per occurrence	\$1.25	Internal/External
CHG IMMUNOASSAY ANALYTE QUANTITATIVE NOS	per occurrence	\$1.25	Internal/External
CHG ASSAY OF INSULIN,TOTAL	per occurrence	\$1.25	Internal/External
CHG ASSAY OF INSULIN,FREE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF IRON	per occurrence	\$1.25	Internal/External
CHG IRON BINDING TEST	per occurrence	\$1.25	Internal/External
CHG LACTATE (LD) (LDH) ENZYME	per occurrence	\$1.25	Internal/External
CHG ASSAY OF LEAD	per occurrence	\$1.25	Internal/External
CHG ASSAY OF LIPASE	per occurrence	\$1.25	Internal/External
CHG LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	per occurrence	\$1.25	Internal/External
CHG ASSAY OF BLOOD LIPOPROTEIN,HDL CHOLEST	per occurrence	\$1.25	Internal/External
CHG ASSAY OF BLOOD LIPOPROTEIN,LDL CHOLEST	per occurrence	\$1.25	Internal/External
CHG ASSAY OF MAGNESIUM	per occurrence	\$1.25	Internal/External
CHG MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	per occurrence	\$1.25	Internal/External



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CHG ASSAY OF MERCURY	per occurrence	\$1.25	Internal/External
CHG ASSAY OF METANEPHRINES	per occurrence	\$1.25	Internal/External
CHG NATRIURETIC PEPTIDE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF BLOOD OSMOLALITY	per occurrence	\$1.25	Internal/External
CHG ASSAY OF PARATHORMONE	per occurrence	\$1.25	Internal/External
CHG ASSAY PHOSPHATASE ACID PROSTATIC	per occurrence	\$1.25	Internal/External
CHG ASSAY ALKAL PHOSPHATASE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF INORGANIC PHOSPHORUS	per occurrence	\$1.25	Internal/External
CHG ASSAY OF SERUM POTASSIUM	per occurrence	\$1.25	Internal/External
CHG ASSAY OF PROGESTERONE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF PROLACTIN	per occurrence	\$1.25	Internal/External
CHG PROSTATE SPECIFIC ANTIGEN, COMPLEXED	per occurrence	\$1.25	Internal/External
CHG PROSTATE SPECIFIC ANTIGEN,TOTAL	per occurrence	\$1.25	Internal/External
CHG PROSTATE SPECIFIC ANTIGEN,FREE	per occurrence	\$1.25	Internal/External



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CHG PROTEIN TOT XCPT REFRACTOMETRY SERUM	per occurrence	\$1.25	Internal/External
CHG PROTEIN TOT XCPT REFRACTOMETRY URINE	per occurrence	\$1.25	Internal/External
CHG PROTEIN E-PHORESIS, SERUM	per occurrence	\$1.25	Internal/External
CHG ASSAY OF RENIN	per occurrence	\$1.25	Internal/External
CHG ASSAY OF SERUM SODIUM	per occurrence	\$1.25	Internal/External
CHG ASSAY OF TESTOSTERONE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF TOTAL TESTOSTERONE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF TOTAL THYROXINE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF FREE THYROXINE	per occurrence	\$1.25	Internal/External
CHG ASSAY THYROID STIM HORMONE	per occurrence	\$1.25	Internal/External
CHG TRANSFERASE ASPARTATE AMINO (AST) (SGOT)	per occurrence	\$1.25	Internal/External
CHG TRANSFERASE ALANINE AMINO (ALT) (SGPT)	per occurrence	\$1.25	Internal/External
CHG ASSAY OF TRIGLYCERIDES	per occurrence	\$1.25	Internal/External
CHG THYROID HORM UPTAKE/THYR HORM BINDING RATIO	per occurrence	\$1.25	Internal/External



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CHG TRIIODOTHYRONINE TOTAL ASSAY, TT-3	per occurrence	\$1.25	Internal/External
CHG TRIIODOTHYRONINE FREE ASSAY (FT-3)	per occurrence	\$1.25	Internal/External
CHG TRIIODOTHYRONINE T3 REVERSE	per occurrence	\$1.25	Internal/External
CHG ASSAY OF TROPONIN, QUANT	per occurrence	\$1.25	Internal/External
CHG ASSAY UREA NITROGEN, QUAN	per occurrence	\$1.25	Internal/External
CHG ASSAY OF URIC ACID, BLOOD	per occurrence	\$1.25	Internal/External
CHG ASSAY OF ZINC	per occurrence	\$1.25	Internal/External
CHG ASSAY OF C-PEPTIDE	per occurrence	\$1.25	Internal/External
CHG CHORIONIC GONADOTROPIN, QUANT	per occurrence	\$1.25	Internal/External
CHG CHORIONIC GONADOTROPIN, QUAL	per occurrence	\$1.25	Internal/External
CHG BLOOD SMEAR,MICRO EXAM,MANUAL DIFF WBC	per occurrence	\$1.25	Internal/External
CHG HEMOGLOBIN	per occurrence	\$1.25	Internal/External
CHG COMPLETE CBC & AUTO DIFF WBC	per occurrence	\$1.25	Internal/External
CHG COMPLETE CBC	per occurrence	\$1.25	Internal/External
CHG RETICULOCYTE COUNT, AUTO	per occurrence	\$1.25	Internal/External



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CHG FIBRIN DEGRADPRODUCTS,D-DIMER, QUANT	per occurrence	\$1.25	Internal/External
CHG FIBRINOGEN, ACTIVITY	per occurrence	\$1.25	Internal/External
CHG PROTHROMBIN TIME	per occurrence	\$1.25	Internal/External
CHG RBC SED RATE, AUTO	per occurrence	\$1.25	Internal/External
CHG RBC SICKLE CELL TEST	per occurrence	\$1.25	Internal/External
CHG THROMBOPLAS TIME PARTIAL	per occurrence	\$1.25	Internal/External
CHG ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	per occurrence	\$1.25	Internal/External
CHG ANTINUCLEAR ANTIBODIES	per occurrence	\$1.25	Internal/External
CHG C-REACTIVE PROTEIN	per occurrence	\$1.25	Internal/External
CHG C-REACTIVE PROTEIN,HIGH SENSITIVITY	per occurrence	\$1.25	Internal/External
CHG COMPLEMENT, ANTIGEN	per occurrence	\$1.25	Internal/External
CHG CYCLIC CIRULLINATED PEPTIDE ANTIBODY	per occurrence	\$1.25	Internal/External
CHG NUCLEAR ANTIGEN ANTIBODY	per occurrence	\$1.25	Internal/External
CHG IMMUNOASSAY, TUMOR ANTIGEN, CA 19-9	per occurrence	\$1.25	Internal/External



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CHG IMMUNOASSAY, TUMOR ANTIGEN, CA 125	per occurrence	\$1.25	Internal/External
CHG HETEROPHILE ANTIBODIES,SCREEN	per occurrence	\$1.25	Internal/External
CHG IMMUNOASSAY,INFECT AGENT,QUANT	per occurrence	\$1.25	Internal/External
CHG MICROSOMAL ANTIBODY	per occurrence	\$1.25	Internal/External
CHG NEUTRALIZATION TEST, VIRAL	per occurrence	\$1.25	Internal/External
CHG PARTICLE AGGLUTINATION TEST, SCREEN	per occurrence	\$1.25	Internal/External
CHG RHEUMATOID FACTOR, QUANT	per occurrence	\$1.25	Internal/External
CHG TB TEST, CELL MEDIATED ANTIGEN RESPONSE,GAMMA INTERFRON	per occurrence	\$1.25	Internal/External
PR T-SPOT TB TEST	per occurrence	\$1.25	Internal/External
CHG TB INTRADERMAL TEST	per occurrence	\$1.25	Internal/External
CHG SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL	per occurrence	\$1.25	Internal/External
CHG LYME DISEASE ANTIBODY	per occurrence	\$1.25	Internal/External
CHG EPSTEIN-BARR ANTIBODY,V CAPSID	per occurrence	\$1.25	Internal/External
CHG HELICOBACTER PYLORI	per occurrence	\$1.25	Internal/External
CHG HTLV I	per occurrence	\$1.25	Internal/External



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CHG HERPES SIMPLEX TEST, TYPE 1	per occurrence	\$1.25	Internal/External
CHG HERPES SIMPLEX TEST, TYPE 2	per occurrence	\$1.25	Internal/External
CHG HIV-1/HIV-2, SINGLE ASSAY	per occurrence	\$1.25	Internal/External
CHG HEP B CORE AB TEST, TOTAL	per occurrence	\$1.25	Internal/External
CHG HEP B CORE AB TEST, IGM	per occurrence	\$1.25	Internal/External
CHG HEPATITIS B SURFACE AB TEST	per occurrence	\$1.25	Internal/External
CHG HEPATITIS A ANTIBODY HAAB	per occurrence	\$1.25	Internal/External
CHG HEPATITIS ANTIBODY HAAB IGM ANTIBODY	per occurrence	\$1.25	Internal/External
CHG MUMPS	per occurrence	\$1.25	Internal/External
CHG PARVOVIRUS	per occurrence	\$1.25	Internal/External
CHG RUBELLA	per occurrence	\$1.25	Internal/External
CHG RUBEOLA	per occurrence	\$1.25	Internal/External
CHG ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	per occurrence	\$1.25	Internal/External
CHG ANTIBODY TREPONEMA PALLIDUM	per occurrence	\$1.25	Internal/External



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CHG VARICELLA-ZOSTER	per occurrence	\$1.25	Internal/External
CHG THYROGLOBULIN ANTIBODY	per occurrence	\$1.25	Internal/External
CHG HEPATITIS C AB TEST	per occurrence	\$1.25	Internal/External
CHG HLA TYPING, A,B,OR C /SINGLE	per occurrence	\$1.25	Internal/External
CHG RBC ANTIBODY SCREEN	per occurrence	\$1.25	Internal/External
CHG BLOOD TYPING SEROLOGIC ABO	per occurrence	\$1.25	Internal/External
CHG BLOOD TYPING SEROLOGIC RH (D)	per occurrence	\$1.25	Internal/External
CHG STOOL CULTURE,SALMONELLA & SHIGELLA	per occurrence	\$1.25	Internal/External
CHG CULTURE SPEC, BACTERIA, NOT URINE,STOOL,BLOOD	per occurrence	\$1.25	Internal/External
CHG BACTERIA IDENTIFICATION, AEROBIC ISOLATE	per occurrence	\$1.25	Internal/External
CHG BACTERIA CULTURE SCREEN	per occurrence	\$1.25	Internal/External
CHG URINE BACT CULT ID	per occurrence	\$1.25	Internal/External
CHG OVA AND PARASITES SMEARS	per occurrence	\$1.25	Internal/External
CHG ANTIBIOTIC SENS,MIC,EACH	per occurrence	\$1.25	Internal/External
CHG SMEAR,PRIMARY W/INTERP	per occurrence	\$1.25	Internal/External



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Clemson Rural Health (Clinical Ed/Prac & Med Surv)

VICE-PRESIDENT AREA :
Academic Affairs (BSHS)

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
CHG SMEAR,STAIN,WET MNT,INTERP	per occurrence	\$1.25	Internal/External
CHG VIRUS ID,INOC TEST,OBSERV	per occurrence	\$1.25	Internal/External
CHG VIRUS ID,NON-IMMUNOLOGIC METHOD	per occurrence	\$1.25	Internal/External
CHG IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	per occurrence	\$1.25	Internal/External
CHG IAAD IA HEPATITIS B SURFACE ANTIGEN	per occurrence	\$1.25	Internal/External
CHG IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	per occurrence	\$1.25	Internal/External
CHG IAAD IA INFLUENZA A/B EACH	per occurrence	\$1.25	Internal/External
CHG IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	per occurrence	\$1.25	Internal/External
CHG CHYLM D TRACH, DNA, DIR PROBE	per occurrence	\$1.25	Internal/External
CHG CHYLM D TRACH, DNA, AMP PROBE	per occurrence	\$1.25	Internal/External
CHG CYTOMED, DNA, AMP PROBE	per occurrence	\$1.25	Internal/External
CHG NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	per occurrence	\$1.25	Internal/External
CHG HEPATITIS C , RNA, AMP PROBE	per occurrence	\$1.25	Internal/External
CHG HEPATITIS C, RNA, QUANT	per occurrence	\$1.25	Internal/External



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DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
Strep Test	per occurrence	\$1.25	Internal/External
CHG IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	per occurrence	\$1.25	Internal/External
CHG N.GONORRHOEAE, DNA, AMP PROB	per occurrence	\$1.25	Internal/External
CHG N.GONORRHOEAE, DNA, QUANT	per occurrence	\$1.25	Internal/External
CHG HPV, DNA, AMP PROBE	per occurrence	\$1.25	Internal/External
PR TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE	per occurrence	\$1.25	Internal/External
CHG DETECT AGENT NOS, DNA, AMP	per occurrence	\$1.25	Internal/External
CHG IAADIADOO INFLUENZA	per occurrence	\$1.25	Internal/External
CHG IAADIADOO STREPTOCOCCUS GROUP A	per occurrence	\$1.25	Internal/External
CHG HEPATITIS C VIRUS, GENOTYPE ANAL DNA/RNA	per occurrence	\$1.25	Internal/External
CHG CYTOPATH CERV/VAG THIN LAYER	per occurrence	\$1.25	Internal/External
CHG CYTOPATH TBS CERV/VAG MANUAL	per occurrence	\$1.25	Internal/External
CHG FLOWCYTOMETRY/READ, 16 & > MARKERS	per occurrence	\$1.25	Internal/External
CHG LEUKOCYTE COUNT,FECAL	per occurrence	\$1.25	Internal/External
Each additional administration of immunization/vaccine	per occurrence	\$12.00	Internal/External



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DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID	per occurrence	\$17.00	Internal/External
PR IMMUNIZ,ADMIN,EACH ADDL	per occurrence	\$12.00	Internal/External
PR IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	per occurrence	\$17.00	Internal/External
PR CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	per occurrence	\$1.25	Internal/External
PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	per occurrence	\$1.25	Internal/External
PR HEPA/HEPB VACCINE ADULT IM	per occurrence	\$1.25	Internal/External
PR 9VHPV VACC 2/3 DOSE SCHED IM USE	per occurrence	\$1.25	Internal/External
PR IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	per occurrence	\$1.25	Internal/External
PR PCV13 VACCINE FOR INTRAMUSCULAR USE	per occurrence	\$1.25	Internal/External
PR CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	per occurrence	\$1.25	Internal/External
PR RABIES VACCINE, IM	per occurrence	\$1.25	Internal/External
PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	per occurrence	\$1.25	Internal/External
PR TYPHOID VACCINE, IM	per occurrence	\$1.25	Internal/External
PR MMR VIRUS IMMUNIZATION, SUBCUT	per occurrence	\$1.25	Internal/External



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PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	per occurrence	\$1.25	Internal/External
PR TDAP VACCINE >7 YO, IM	per occurrence	\$1.25	Internal/External
PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE	per occurrence	\$1.25	Internal/External
PR YELLOW FEVER IMMUNIZATN,LIVE,SUB-Q	per occurrence	\$1.25	Internal/External
PR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	per occurrence	\$1.25	Internal/External
PR MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	per occurrence	\$1.25	Internal/External
PR MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	per occurrence	\$1.25	Internal/External
PR ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	per occurrence	\$1.25	Internal/External
PR JAPANESE ENCEPH VACC, INACTIVATED, IM	per occurrence	\$1.25	Internal/External
PR HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	per occurrence	\$1.25	Internal/External
PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	per occurrence	\$1.25	Internal/External
PR HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	per occurrence	\$1.25	Internal/External
PSYCHIATRIC DIAGNOSTIC EVALUATION	per occurrence	\$170.00	Internal/External
PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	per occurrence	\$65.00	Internal/External
PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	per occurrence	\$98.00	Internal/External



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DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	per occurrence	\$145.00	Internal/External
PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	per occurrence	\$140.00	Internal/External
PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	per occurrence	\$70.00	Internal/External
PR FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	per occurrence	\$100.00	Internal/External
PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	per occurrence	\$100.00	Internal/External
PR GROUP PSYCHOTHERAPY	per occurrence	\$25.00	Internal/External
PR SARSCOV2 VACCINE AD26 5X1010VP/0.5ML IM USE	per occurrence	\$60.00	Internal/External
Automated point of care retinal imaging	per occurrence	\$45.00	Internal/External
PR PURE TONE HEARING TEST, AIR	per occurrence	\$12.00	Internal/External
Audiogram (Pure tone audiometry; air only)	per occurrence	\$30.00	Internal/External
PR COMPREHENSIVE HEARING TEST	per occurrence	\$20.00	Internal/External
PR TYMPANOMETRY	per occurrence	\$25.00	Internal/External
PR ELECTROCARDIOGRAM, COMPLETE	per occurrence	\$36.00	Internal/External
PR BREATHING CAPACITY TEST	per occurrence	\$50.00	Internal/External
PR BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	per occurrence	\$5.00	Internal/External



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PR PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	per occurrence	\$47.00	Internal/External
IV Infusion	per occurrence	\$100.00	Internal/External
PR INJECTION, THERAP/PROPH/DIAGNOST, IM OR SUBCUT	per occurrence	\$16.00	Internal/External
Debridement; open wound; including topical application, wound assessment; per session, total wound surface area first 20cm or less	per occurrence	\$35.00	Internal/External
Each additional 20cm or part thereof (add on code to 97597)	per occurrence	\$25.00	Internal/External
Physical Performance test and measurement -per each 15 minutes	per occurrence	\$40.00	Internal/External
PR MED NUTR THER, 1ST, INDIV, EA 15 MIN	per occurrence	\$36.00	Internal/External
PR MED NUTR THER, SUBSQ, INDIV, EA 15 MIN	per occurrence	\$25.00	Internal/External
PR MED NUTR THER, GROUP, EA 30 MIN	per occurrence	\$17.00	Internal/External
PR ACUPUNCT W/O ELEC STIMUL 15 MIN	per occurrence	\$55.00	Internal/External
PR ACUPUNCT W/O ELEC STIMUL ADDL 15M	per occurrence	\$40.00	Internal/External
PR SELF-MGMT EDUC & TRAIN, 1 PT, EA 30 MIN	per occurrence	\$50.00	Internal/External
PR SELF-MGMT EDUC/TRAIN, 2-4 PT, EA 30 MIN	per occurrence	\$50.00	Internal/External
PR SELF-MGMT EDUC/TRAIN, 5-8 PT, EA 30 MIN	per occurrence	\$50.00	Internal/External
PR NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	per occurrence	\$15.00	Internal/External



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PR NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	per occurrence	\$27.00	Internal/External
PR NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	per occurrence	\$38.00	Internal/External
PR NONPHYSICIAN ONLINE ASSESSMENT AND MANAGEMENT	per occurrence	\$15.00	Internal/External
Group Health Counseling & or risk factor reduction (approx. 60 Minutes)	per occurrence	\$20.00	Internal/External
30 minutes of monitoring each 30 days that does not require interactive communication	per occurrence	\$55.00	Internal/External
PR VISUAL SCREENING TEST, BILAT	per occurrence	\$10.00	Internal/External
PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	per occurrence	\$85.00	Internal/External
PR OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	per occurrence	\$120.00	Internal/External
PR OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	per occurrence	\$164.00	Internal/External
PR OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	per occurrence	\$206.00	Internal/External
PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	per occurrence	\$25.00	Internal/External
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	per occurrence	\$58.00	Internal/External
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	per occurrence	\$90.00	Internal/External
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	per occurrence	\$123.00	Internal/External
PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	per occurrence	\$175.00	Internal/External



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DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
Expanded Problem Focused	per occurrence	\$110.00	Internal/External
Comprehensive - Low Complexity	per occurrence	\$160.00	Internal/External
Comprehensive - Moderate Complexity	per occurrence	\$210.00	Internal/External
Comprehensive - High Complexity	per occurrence	\$260.00	Internal/External
PR PROLONGED SVC I/P OR OBS SETTING 1ST HOUR	per occurrence	\$90.00	Internal/External
PR PROLONGED SERV,INPATIENT,EA ADD 30 MIN	per occurrence	\$90.00	Internal/External
PR TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	per occurrence	\$5.00	Internal/External
PR TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN	per occurrence	\$5.00	Internal/External
PR TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN	per occurrence	\$5.00	Internal/External
PR PREVENTIVE VISIT,NEW,INFANT < 1 YR	per occurrence	\$120.00	Internal/External
PR PREVENTIVE VISIT,NEW,AGE 1-4	per occurrence	\$130.00	Internal/External
PR PREVENTIVE VISIT,NEW,AGE5-11	per occurrence	\$140.00	Internal/External
PR PREVENTIVE VISIT,NEW,12-17	per occurrence	\$15.00	Internal/External
PR PREVENTIVE VISIT,NEW,18-39	per occurrence	\$160.00	Internal/External
PR PREVENTIVE VISIT,NEW,40-64	per occurrence	\$150.00	Internal/External



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DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
PR PREVENTIVE VISIT,NEW,65 & OVER	per occurrence	\$120.00	Internal/External
PR PREVENTIVE VISIT,EST, INFANT < 1 YR	per occurrence	\$90.00	Internal/External
PR PREVENTIVE VISIT,EST,AGE 1-4	per occurrence	\$100.00	Internal/External
PR PREVENTIVE VISIT,EST,AGE5-11	per occurrence	\$110.00	Internal/External
PR PREVENTIVE VISIT,EST,12-17	per occurrence	\$120.00	Internal/External
PR PREVENTIVE VISIT,EST,18-39	per occurrence	\$130.00	Internal/External
PR PREVENTIVE VISIT,EST,40-64	per occurrence	\$90.00	Internal/External
PR PREVENTIVE VISIT,EST,65 & OVER	per occurrence	\$120.00	Internal/External
PR PREVENT COUNSEL,INDIV,15 MIN	per occurrence	\$45.00	Internal/External
PR PREVENT COUNSEL,INDIV,30 MIN	per occurrence	\$75.00	Internal/External
PR PREVENT COUNSEL,INDIV,45 MIN	per occurrence	\$105.00	Internal/External
PR PREVENT COUNSEL,INDIV,60 MIN	per occurrence	\$145.00	Internal/External
PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	per occurrence	\$15.00	Internal/External
PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES	per occurrence	\$28.00	Internal/External
PR HEALTH RISK ASSESSMENT TEST	per occurrence	\$42.00	Internal/External



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DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
Online digital e&m, est patient, for up to 7 days; 5–10 minutes	per occurrence	\$16.00	Internal/External
Online digital e&m, est patient, for up to 7 days; 11–20 minutes	per occurrence	\$31.00	Internal/External
Online digital e&m, est patient, for up to 7 days; 21+ minutes	per occurrence	\$51.00	Internal/External
Prin care mgmt phys 1st 30	per occurrence	\$87.00	Internal/External
Prin care mgmt phys 1st 30	per occurrence	\$63.00	Internal/External
Prin care mgmt staff 1st 30	per occurrence	\$66.00	Internal/External
Prin care mgmt staff ea addl	per occurrence	\$50.00	Internal/External
PR PHYSICIAN TELEPHONE EVALUATION 5-10 MIN	per occurrence	\$54.00	Internal/External
PR PHYSICIAN TELEPHONE EVALUATION 11-20 MIN	per occurrence	\$88.00	Internal/External
PR PHYSICIAN TELEPHONE EVALUATION 21-30 MIN	per occurrence	\$125.00	Internal/External
PR PHYSICIAN ONLINE EVALUATION & MANAGEMENT SERVICE	per occurrence	\$40.00	Internal/External
Initial setup of device	per occurrence	\$20.00	Internal/External
Device supply with daily recordings and programmed alerts	per occurrence	\$50.00	Internal/External
20 minutes of monitoring and treatment management that includes interactive communication with the patient or care giver during the calendar month	per occurrence	\$30.00	Internal/External
Each additional 20 minutes of monitoring and treatment management services provided	per occurrence	\$30.00	Internal/External



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DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
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	per occurrence	\$10.00	Internal/External
Cplx chrnc care 1st 60 min	per occurrence	\$139.00	Internal/External
Cplx chrnc care ea addl 30	per occurrence	\$73.00	Internal/External
Chronic care management services, at least 20 minutes	per occurrence	\$67.00	Internal/External
Trans care mgmt 14 day disch	per occurrence	\$216.00	Internal/External
Trans care mgmt 7 day disch	per occurrence	\$292.00	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	\$90.00	Internal/External
Advance Care planning, provided by qualified health professional, each additional 30 minutes	per occurrence	\$85.00	Internal/External
PROCEDURE ONLY, NO CHARGE	per occurrence	\$0.00	Internal/External
NO CHARGE, GENERAL	per occurrence	\$0.00	Internal/External
PR IMM ADMN SARSCOV2 AD26 5X1010VP/0.5 ML 1 DOSE	per occurrence	\$51.00	Internal/External
PR BIA WHOLE BODY COMPOSITION ASSESSMENT W/I&R	per occurrence	\$20.00	Internal/External
PR BLOOD PRESSURE, MEASURED	per occurrence	\$0.00	Internal/External



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DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
Fingerstick Lipid Panel	per occurrence	\$25.00	Internal/External
PR CHG DRUG TST, BUPRENORPHINE SCREEN	per occurrence	\$73.00	Internal/External
PR CHG DRUG TST, FENTANYL SCREEN	per occurrence	\$104.00	Internal/External
PR CHG DRUG TST, MAT 4 SCREEN	per occurrence	\$163.00	Internal/External
PR MSP TB TEST (PPD)	per occurrence	\$5.00	Internal/External
PR MSP VACCINE ADULT	per occurrence	\$0.00	Internal/External
PR MSP HEARING TEST	per occurrence	\$0.00	Internal/External
PR MSP NURSING VISIT	per occurrence	\$0.00	Internal/External
PR ONLINE SUBMISSION OF HEALTH RISK APPRAISAL DATA	per occurrence	\$5.00	Internal/External
PR ONLINE SUBMISSION OF HEALTH COACHING DATA INTO MED-IT	per occurrence	\$5.00	Internal/External
PR MSP BLOODBORNE PATHOGEN COMPLETION	per occurrence	\$0.00	Internal/External
PR BLOOD PRESSURE CHECK	per occurrence	\$0.00	Internal/External
SPORTS PHYSICAL	per occurrence	\$45.00	Internal/External
PR LIFE STYLE MEDICINE	per occurrence	\$0.00	Internal/External
PR ADMIN INFLUENZA VIRUS VAC	per occurrence	\$15.00	Internal/External



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DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
PR PSA, TOTAL SCREENING	per occurrence	\$24.00	Internal/External
Counseling visit to discuss need for lung cancer screening using low dose CT scan	per occurrence	\$25.00	Internal/External
Low dose CT scan (LDCT) for lung cancer screening	per occurrence	\$0.00	Internal/External
Annual Wellness Visit, Initial (Medicare)	per occurrence	\$160.00	Internal/External
Annual Wellness Visit, Subsequent (Medicare)	per occurrence	\$130.00	Internal/External
ANNUAL DEPRESSION SCREENING 15 MINUTES	per occurrence	\$10.00	Internal/External
Fingerstick Hepatitis C Antibody Screening	per occurrence	\$40.00	Internal/External
Remote evaluation of recorded video and/or images submitted by an established patient	per occurrence	\$13.00	Internal/External
Brief communication technology-based service	per occurrence	\$15.00	Internal/External
PR SPECIMEN COLLECT COVID-19	per occurrence	\$94.00	Internal/External
PR 1 RX VIA QUALIFIED ERX SYS	per occurrence	\$10.00	Internal/External
Phone-In Prescription Refill	per occurrence	\$10.00	Internal/External
PR HEALTH RISK ASSESSMENT FOLLOW UP	per occurrence	\$0.00	Internal/External
PR INJ, CEFTRIAXONE SODIUM, PER 250 MG	per occurrence	\$20.00	Internal/External



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DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 23/24 RATE	CUSTOMERS BEING SERVED
PR INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	per occurrence	\$3.00	Internal/External
Kyleena - Levonorgestrel-releasing intrauterine contraceptive system	per occurrence	\$1,350.00	Internal/External
Liletta - Levonorgestrel-releasing intrauterine contraceptive system	per occurrence	\$1,180.00	Internal/External
Mirena - Levonorgestrel-releasing intrauterine contraceptive system	per occurrence	\$1,385.00	Internal/External
Paragard - Intrauterine copper contraceptive	per occurrence	\$1,178.00	Internal/External
Skyla - Levonorgestrel-releasing intrauterine contraceptive system	per occurrence	\$1,153.00	Internal/External
Nexplanon - Etonogestrel implant system, including implant and supplies	per occurrence	\$1,450.00	Internal/External
PR MSP LOS NO CHARGE	per occurrence	\$0.00	Internal/External
PR MSP ENROLLMENT	per occurrence	\$0.00	Internal/External
PR RESPIRATORY FIT TESTING EVALUATION	per occurrence	\$0.00	Internal/External
PR PPD READ	per occurrence	\$0.00	Internal/External
PR NUTRITION CLASS	per occurrence	\$25.00	Internal/External
PR NUTRITIONAL COUNSELING, DIET	per occurrence	\$20.00	Internal/External
PR TB SKIN TEST READING	per occurrence	\$0.00	Internal/External
PR PREVENT WW OFFICE RE-VISIT COUNSEL NOT PERFORMED ON SAME DAY AS SCREEN EXAM	per occurrence	\$70.00	Internal/External



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Fitness Testing Package	per occurrence	\$10.00	Internal/External
Fitness Testing Follow-Up	per occurrence	\$25.00	Internal/External
Forms Processing (copy, completion medical forms or records)	per occurrence	\$35.00	Internal/External
CPR (Fee + Additional Fee For Card/Roster And Book)	per occurrence	\$50.00	Internal/External
CPR (Fee + Additional Fee For Card/Roster And Book)	per occurrence	\$75.00	Internal/External
Off Site Educational Sessions	per occurrence	\$100.00	Internal/External

Lab Tests (80000-89999) and Vaccines (90000 codes) are priced at 125% of costs per policy

Special Promotional Prices May Be Offered For Groups

Fees May Be Adjusted For Services Provided On Mobile Medical Clinic

Uninsured, self pay patients will receive 30% discount on office visits, physical exams, consultations, and procedures

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