



**BILLING RATES - FY 24/25**

**DEPARTMENT NAME :**

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

**VICE-PRESIDENT AREA :**

**Accademic Affairs (BSHS)**

<b>DESCRIPTION OF COMMODITY OR SERVICE :</b>	<b>UNIT OF BILLING</b>	<b>FY 24/25 RATE</b>	<b>CUSTOMERS BEING SERVED</b>
PR DRAIN SKIN ABSCESS SIMPLE	per occurrence	\$129.00	Internal/External
PR INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	per occurrence	\$154.00	Internal/External
Destruction Warts, Up To 14 (First Visit)	per occurrence	\$71.00	Internal/External
Destruction Benign or Premalignant Lesion (2-4)	per occurrence	\$83.00	Internal/External
Destruction Benign or Premalignant Lesions (>4)	per occurrence	\$91.00	Internal/External
PR BIOPSY OF SKIN LESION	per occurrence	\$84.00	Internal/External
PR BIOPSY, EACH ADDED LESION	per occurrence	\$20.00	Internal/External
PR TANGENTIAL BIOPSY SKIN SINGLE LESION	per occurrence	\$101.00	Internal/External
Biopsy, Skin - each additional*	per occurrence	\$51.00	Internal/External
PR PUNCH BIOPSY SKIN SINGLE LESION	per occurrence	\$126.00	Internal/External
Each additional punch biopsy	per occurrence	\$60.00	Internal/External
PR REMOVAL OF SKIN TAGS, UP TO 15	per occurrence	\$94.00	Internal/External
PR SHAV SKIN LES 0.6-1.0 CM TRUNK,ARM,LEG	per occurrence	\$123.00	Internal/External
Shaving, Lesion 0.5 cm or less	per occurrence	\$117.00	Internal/External
Shaving, Lesion 0.6 cm to 1.0 cm	per occurrence	\$138.00	Internal/External



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Shaving, Lesion 1.1 cm to 2.0 cm	per occurrence	\$157.00	Internal/External
Shaving, Lesion over 2.0 cm	per occurrence	\$184.00	Internal/External
PR EXC SKIN BENIG <0.5 CM TRUNK,ARM,LEG	per occurrence	\$130.00	Internal/External
PR EXC SKIN BENIG 0.6-1 CM TRUNK,ARM,LEG	per occurrence	\$158.00	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	\$117.00	Internal/External
PR REMOVAL OF NAIL BED	per occurrence	\$198.00	Internal/External
Implantable Contraceptive Capsules Removal	per occurrence	\$222.00	Internal/External
PR INSERTION DRUG DELIVERY IMPLANT	per occurrence	\$146.00	Internal/External
PR REMOVAL DRUG IMPLANT DEVICE	per occurrence	\$174.00	Internal/External
PR REMOVAL W/ REINSERT DRUG IMPLANT DEVICE	per occurrence	\$263.00	Internal/External
PR RESUPERF WND BODY <2.5CM	per occurrence	\$131.00	Internal/External
PR RESUP NPTERF WND BODY 2.6-7.5 CM	per occurrence	\$161.00	Internal/External
PR RESUPERF WND FACE <2.5 CM	per occurrence	\$149.00	Internal/External
PR RESUPERF WND FACE 2.6-5 CM	per occurrence	\$177.00	Internal/External



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PR DESTRUC BENIGN/PREMA, FIRST LESION	per occurrence	\$74.00	Internal/External
PR DESTRUC BENIGN/PREMA, 2-14 LESIONS	per occurrence	\$18.00	Internal/External
PR DESTRUC BENIGN/PREMA, 15+ LESIONS	per occurrence	\$262.00	Internal/External
PR DESTRUCTION BENIGN LESIONS UP TO 14	per occurrence	\$115.00	Internal/External
PR DESTRUCTION BENIGN LESIONS 15 OR MORE	per occurrence	\$135.00	Internal/External
PR INJECT TENDON SHEATH/LIGAMENT	per occurrence	\$76.00	Internal/External
PR INJECT TRIGGER POINT, 1 OR 2	per occurrence	\$60.00	Internal/External
PR INJECT TRIGGER POINTS, > 3	per occurrence	\$69.00	Internal/External
PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURS/	per occurrence	\$63.00	Internal/External
PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS	per occurrence	\$69.00	Internal/External
PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURS	per occurrence	\$92.00	Internal/External
PR COLLECTION VENOUS BLOOD, VENIPUNCTURE	per occurrence	\$6.00	Internal/External
Capillary collection fee	per occurrence	\$6.00	Internal/External
Destruction Lesion(s) - anus, simple	per occurrence	\$267.00	Internal/External
Destruction Lesion(s) - penis, simple	per occurrence	\$173.00	Internal/External



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PR DESTR PENIS LESN,SIMPL,CRYOSURG	per occurrence	\$188.00	Internal/External
PR I&D BARTHOLIN GLAND ABSCESS	per occurrence	\$189.00	Internal/External
Destruction Lesion(s) - vulva, simple	per occurrence	\$170.00	Internal/External
PR FITTING OF DIAPHRAGM/CAP	per occurrence	\$108.00	Internal/External
PR COLPOSCOPY,CERVIX W/ADJ VAGINA	per occurrence	\$157.00	Internal/External
PR COLPOSC,CERVIX W/ADJ VAG,W/BX & CURRET/	per occurrence	\$216.00	Internal/External
PR COLPOSCOPY,CERVIX W/ADJ VAGINA,W/BX	per occurrence	\$216.00	Internal/External
PR COLPOSCOPY,CERVIX W/ADJ VAGINA, CURETT.	per occurrence	\$205.00	Internal/External
PR BIOPSY CERVIX, 1 OR MORE, OR EXCISION OF I	per occurrence	\$155.00	Internal/External
Colopscopy With Endocervical curettage*	per occurrence	\$157.00	Internal/External
PR CRYOCAUTERY OF CERVIX	per occurrence	\$207.00	Internal/External
PR CONIZATION CERVIX,LOOP ELECTRD	per occurrence	\$499.00	Internal/External
PR BIOPSY OF UTERUS LINING	per occurrence	\$154.00	Internal/External
Endometrial Biopsy performed with Colpo*	per occurrence	\$69.00	Internal/External
PR INSERT INTRAUTERINE DEVICE	per occurrence	\$119.00	Internal/External



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PR REMOVE INTRAUTERINE DEVICE	per occurrence	\$136.00	Internal/External
PR INJECTION AA&/STRD GREATER OCCIPITAL NEF	per occurrence	\$196.00	Internal/External
PR REMV EXT CANAL FOREIGN BODY	per occurrence	\$126.00	Internal/External
PR REMOVE IMPACTED EAR WAX	per occurrence	\$84.00	Internal/External
CHG BASIC METABOLIC PANEL CALCIUM TOTAL	per occurrence	125% of Cost	Internal/External
CHG ELECTROLYTE PANEL	per occurrence	125% of Cost	Internal/External
CHG METABOLIC PANEL,COMPREHENSIVE	per occurrence	125% of Cost	Internal/External
CHG LIPID PANEL	per occurrence	125% of Cost	Internal/External
CHG RENAL FUNCTION PANEL	per occurrence	125% of Cost	Internal/External
CHG HEPATITIS PANEL,ACUTE	per occurrence	125% of Cost	Internal/External
Acute Hepatitis	per occurrence	125% of Cost	Internal/External
CHG HEPATIC FUNCTION PANEL	per occurrence	125% of Cost	Internal/External
CHG DRUG CONFIRMATION, EACH PROC	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF CARBAMAZEPINE TOTAL	per occurrence	125% of Cost	Internal/External
CHG DRUG SCREEN QUANTITATIVE DIGOXIN TOTA	per occurrence	125% of Cost	Internal/External



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CHG DRUG SCREEN QUANT DIPROPYLACETIC ACII	per occurrence	125% of Cost	Internal/External
CHG DRUG SCREEN QUANT DIPROPYLACETIC ACII	per occurrence	125% of Cost	Internal/External
PR LEVETIRACETAM	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF LITHIUM	per occurrence	125% of Cost	Internal/External
PR OXCARBAZEPINE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF PHENYTOIN, TOTAL	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF PHENYTOIN, FREE	per occurrence	125% of Cost	Internal/External
PR ZONISAMIDE	per occurrence	125% of Cost	Internal/External
CHG QUANTITATION DRUG NOT ELSEWHERE SPEC	per occurrence	125% of Cost	Internal/External
CHG DRUG TEST PRSMV READ DIRECT OPTICAL OI	per occurrence	125% of Cost	Internal/External
CHG DRUG TST PRSMV INSTRMNT CHEM ANALYZE	per occurrence	125% of Cost	Internal/External
CHG DRUG SCREEN QUANT AMPHETAMINES 1 OR	per occurrence	125% of Cost	Internal/External
CHG DRUG SCREENING BUPRENORPHINE	per occurrence	125% of Cost	Internal/External
CHG URINALYSIS, AUTO, W/SCOPE	per occurrence	125% of Cost	Internal/External
CHG URINALYSIS NONAUTO W/O SCOPE	per occurrence	125% of Cost	Internal/External



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CHG URINALYSIS, AUTO, W/O SCOPE	per occurrence	125% of Cost	Internal/External
CHG MICROSCOPIC EXAM OF URINE	per occurrence	125% of Cost	Internal/External
CHG URINE PREGNANCY TEST	per occurrence	125% of Cost	Internal/External
CHG NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF ACTH	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF SERUM ALBUMIN	per occurrence	125% of Cost	Internal/External
CHG URINE ALBUMIN QUANTITATIVE	per occurrence	125% of Cost	Internal/External
CHG URINE ALBUMIN SEMIQUANTITATIVE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF ALDOSTERONE	per occurrence	125% of Cost	Internal/External
CHG ALPHA-FETOPROTEIN, SERUM	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF AMMONIA	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF AMYLASE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF APOLIPOPROTEIN	per occurrence	125% of Cost	Internal/External
CHG BILIRUBIN TOTAL	per occurrence	125% of Cost	Internal/External



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CHG BILIRUBIN DIRECT	per occurrence	125% of Cost	Internal/External
CHG BLOOD OCCULT,BY PEROXID,FECES,SINGLE,	per occurrence	125% of Cost	Internal/External
CHG BLOOD,OCCULT,FECAL HGB,FECES,1-3 SIMUL	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF VIT D,CALCIFEDIOL W FRACTIONS,	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF CALCIUM, TOTAL	per occurrence	125% of Cost	Internal/External
CHG ASSAY BLOOD CARBON DIOXIDE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF BLOOD CHLORIDE	per occurrence	125% of Cost	Internal/External
CHG ASSAY, BLD/SERUM CHOLESTEROL	per occurrence	125% of Cost	Internal/External
CHG CORTISOL, FREE	per occurrence	125% of Cost	Internal/External
CHG TOTAL CORTISOL	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF CK (CPK)	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF CREATININE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF URINE CREATININE	per occurrence	125% of Cost	Internal/External
CHG CREATININE CLEARANCE TEST	per occurrence	125% of Cost	Internal/External



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CHG VITAMIN B-12	per occurrence	125% of Cost	Internal/External
CHG DEHYDROEPIANDROSTERONE	per occurrence	125% of Cost	Internal/External
CHG DEHYDROEPIANDROSTERONE-SULFATE	per occurrence	125% of Cost	Internal/External
CHG ASSAY, DIHYDROXYVITAMIN D W/FRACTIONS,	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF ERYTHROPOIETIN	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF TOTAL ESTRADIOL	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF ESTRIOL	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF ESTRONE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF FERRITIN	per occurrence	125% of Cost	Internal/External
CHG BLOOD FOLIC ACID SERUM	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF FOLIC ACID, RBC	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF GAMMAGLOBULIN IGA, IGD, IGG, IGM, EACH	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF GAMMAGLOBULIN IGE	per occurrence	125% of Cost	Internal/External
CHG IGG1, 2, 3 OR 4, EACH	per occurrence	125% of Cost	Internal/External



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CHG ASSAY QUANTITATIVE,BLOOD GLUCOSE	per occurrence	125% of Cost	Internal/External
CHG REAGENT STRIP/BLOOD GLUCOSE	per occurrence	125% of Cost	Internal/External
CHG GLUCOSE TOLERANCE TEST (GTT)	per occurrence	125% of Cost	Internal/External
CHG GLUCOSE BLOOD TEST	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF GGT	per occurrence	125% of Cost	Internal/External
CHG GLYCATED PROTEIN	per occurrence	125% of Cost	Internal/External
CHG GONADOTROPIN (FSH)	per occurrence	125% of Cost	Internal/External
CHG GONADOTROPIN (LH)	per occurrence	125% of Cost	Internal/External
CHG H. PYLORI;BREATH TEST, NON-ISOTOPE	per occurrence	125% of Cost	Internal/External
CHG GLYCOSYLATED HEMOGLOBIN TEST	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF HOMOCYSTINE	per occurrence	125% of Cost	Internal/External
CHG IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	per occurrence	125% of Cost	Internal/External
CHG IMMUNOASSAY ANALYTE QUANTITATIVE NOS	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF INSULIN,TOTAL	per occurrence	125% of Cost	Internal/External



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CHG ASSAY OF INSULIN,FREE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF IRON	per occurrence	125% of Cost	Internal/External
CHG IRON BINDING TEST	per occurrence	125% of Cost	Internal/External
CHG LACTATE (LD) (LDH) ENZYME	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF LEAD	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF LIPASE	per occurrence	125% of Cost	Internal/External
CHG LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF BLOOD LIPOPROTEIN,HDL CHOLEST	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF BLOOD LIPOPROTEIN,LDL CHOLEST	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF MAGNESIUM	per occurrence	125% of Cost	Internal/External
CHG MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF MERCURY	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF METANEPHRINES	per occurrence	125% of Cost	Internal/External
CHG NATRIURETIC PEPTIDE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF BLOOD OSMOLALITY	per occurrence	125% of Cost	Internal/External



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CHG ASSAY OF PARATHORMONE	per occurrence	125% of Cost	Internal/External
CHG ASSAY PHOSPHATASE ACID PROSTATIC	per occurrence	125% of Cost	Internal/External
CHG ASSAY ALKAL PHOSPHATASE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF INORGANIC PHOSPHORUS	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF SERUM POTASSIUM	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF PROGESTERONE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF PROLACTIN	per occurrence	125% of Cost	Internal/External
CHG PROSTATE SPECIFIC ANTIGEN, COMPLEXED	per occurrence	125% of Cost	Internal/External
CHG PROSTATE SPECIFIC ANTIGEN,TOTAL	per occurrence	125% of Cost	Internal/External
CHG PROSTATE SPECIFIC ANTIGEN,FREE	per occurrence	125% of Cost	Internal/External
CHG PROTEIN TOT XCPT REFRACTOMETRY SERUM	per occurrence	125% of Cost	Internal/External
CHG PROTEIN TOT XCPT REFRACTOMETRY URINE	per occurrence	125% of Cost	Internal/External
CHG PROTEIN E-PHORESIS, SERUM	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF RENIN	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF SERUM SODIUM	per occurrence	125% of Cost	Internal/External



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CHG ASSAY OF TESTOSTERONE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF TOTAL TESTOSTERONE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF TOTAL THYROXINE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF FREE THYROXINE	per occurrence	125% of Cost	Internal/External
CHG ASSAY THYROID STIM HORMONE	per occurrence	125% of Cost	Internal/External
CHG TRANSFERASE ASPARTATE AMINO (AST) (SGOT)	per occurrence	125% of Cost	Internal/External
CHG TRANSFERASE ALANINE AMINO (ALT) (SGPT)	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF TRANSFERRIN	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF TRIGLYCERIDES	per occurrence	125% of Cost	Internal/External
CHG THYROID HORM UPTAKE/THYR HORM BINDING RATIO	per occurrence	125% of Cost	Internal/External
CHG TRIIODOTHYRONINE TOTAL ASSAY, TT-3	per occurrence	125% of Cost	Internal/External
CHG TRIIODOTHYRONINE FREE ASSAY (FT-3)	per occurrence	125% of Cost	Internal/External
CHG TRIIODOTHYRONINE T3 REVERSE	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF TROPONIN, QUANT	per occurrence	125% of Cost	Internal/External
CHG ASSAY UREA NITROGEN, QUAN	per occurrence	125% of Cost	Internal/External



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CHG ASSAY OF URIC ACID, BLOOD	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF ZINC	per occurrence	125% of Cost	Internal/External
CHG ASSAY OF C-PEPTIDE	per occurrence	125% of Cost	Internal/External
hCG, Beta Submit, Qnt	per occurrence	125% of Cost	Internal/External
CHG CHORIONIC GONADOTROPIN, QUANT	per occurrence	125% of Cost	Internal/External
CHG CHORIONIC GONADOTROPIN, QUAL	per occurrence	125% of Cost	Internal/External
CHG BLOOD SMEAR,MICRO EXAM,MANUAL DIFF WBC	per occurrence	125% of Cost	Internal/External
CHG HEMOGLOBIN	per occurrence	125% of Cost	Internal/External
CHG COMPLETE CBC & AUTO DIFF WBC	per occurrence	125% of Cost	Internal/External
CHG COMPLETE CBC	per occurrence	125% of Cost	Internal/External
CHG RETICULOCYTE COUNT, AUTO	per occurrence	125% of Cost	Internal/External
D-Dimer	per occurrence	125% of Cost	Internal/External
CHG FIBRIN DEGRADPRODUCTS,D-DIMER, QUANT	per occurrence	125% of Cost	Internal/External
CHG FIBRINOGEN, ACTIVITY	per occurrence	125% of Cost	Internal/External
CHG PROTHROMBIN TIME	per occurrence	125% of Cost	Internal/External



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CHG RBC SED RATE, AUTO	per occurrence	125% of Cost	Internal/External
CHG RBC SICKLE CELL TEST	per occurrence	125% of Cost	Internal/External
CHG THROMBOPLAS TIME PARTIAL	per occurrence	125% of Cost	Internal/External
CHG ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	per occurrence	125% of Cost	Internal/External
CHG ANTINUCLEAR ANTIBODIES	per occurrence	125% of Cost	Internal/External
CHG C-REACTIVE PROTEIN	per occurrence	125% of Cost	Internal/External
CHG C-REACTIVE PROTEIN,HIGH SENSITIVITY	per occurrence	125% of Cost	Internal/External
CHG COMPLEMENT, ANTIGEN	per occurrence	125% of Cost	Internal/External
CHG CYCLIC CIRULLINATED PEPTIDE ANTIBODY	per occurrence	125% of Cost	Internal/External
CHG NUCLEAR ANTIGEN ANTIBODY	per occurrence	125% of Cost	Internal/External
CHG IMMUNOASSAY, TUMOR ANTIGEN, CA 19-9	per occurrence	125% of Cost	Internal/External
CHG IMMUNOASSAY, TUMOR ANTIGEN, CA 125	per occurrence	125% of Cost	Internal/External
CHG HETEROPHILE ANTIBODIES,SCREEN	per occurrence	125% of Cost	Internal/External
CHG IMMUNOASSAY,INFECT AGENT,QUANT	per occurrence	125% of Cost	Internal/External
CHG MICROSOMAL ANTIBODY	per occurrence	125% of Cost	Internal/External



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CHG NEUTRALIZATION TEST, VIRAL	per occurrence	125% of Cost	Internal/External
CHG PARTICLE AGGLUTINATION TEST, SCREEN	per occurrence	125% of Cost	Internal/External
CHG RHEUMATOID FACTOR, QUANT	per occurrence	125% of Cost	Internal/External
CHG TB TEST, CELL MEDIATED ANTIGEN RESPONSE,GAMMA INTERFRON	per occurrence	125% of Cost	Internal/External
PR T-SPOT TB TEST	per occurrence	125% of Cost	Internal/External
CHG TB INTRADERMAL TEST	per occurrence	125% of Cost	Internal/External
CHG SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL	per occurrence	125% of Cost	Internal/External
CHG LYME DISEASE ANTIBODY	per occurrence	125% of Cost	Internal/External
CHG EPSTEIN-BARR ANTIBODY,V CAPSID	per occurrence	125% of Cost	Internal/External
CHG HELICOBACTER PYLORI	per occurrence	125% of Cost	Internal/External
CHG HTLV I	per occurrence	125% of Cost	Internal/External
CHG HERPES SIMPLEX TEST, TYPE 1	per occurrence	125% of Cost	Internal/External
CHG HERPES SIMPLEX TEST, TYPE 2	per occurrence	125% of Cost	Internal/External
CHG HIV-1/HIV-2, SINGLE ASSAY	per occurrence	125% of Cost	Internal/External
CHG HEP B CORE AB TEST, TOTAL	per occurrence	125% of Cost	Internal/External



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CHG HEP B CORE AB TEST, IGM	per occurrence	125% of Cost	Internal/External
CHG HEPATITIS B SURFACE AB TEST	per occurrence	125% of Cost	Internal/External
CHG HEPATITIS A ANTIBODY HAAB	per occurrence	125% of Cost	Internal/External
CHG HEPATITIS ANTIBODY HAAB IGM ANTIBODY	per occurrence	125% of Cost	Internal/External
CHG MUMPS	per occurrence	125% of Cost	Internal/External
CHG PARVOVIRUS	per occurrence	125% of Cost	Internal/External
CHG RUBELLA	per occurrence	125% of Cost	Internal/External
CHG RUBEOLA	per occurrence	125% of Cost	Internal/External
CHG ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	per occurrence	125% of Cost	Internal/External
CHG ANTIBODY TREPONEMA PALLIDUM	per occurrence	125% of Cost	Internal/External
CHG VARICELLA-ZOSTER	per occurrence	125% of Cost	Internal/External
CHG THYROGLOBULIN ANTIBODY	per occurrence	125% of Cost	Internal/External
CHG HEPATITIS C AB TEST	per occurrence	125% of Cost	Internal/External
CHG HLA TYPING, A,B,OR C /SINGLE	per occurrence	125% of Cost	Internal/External
CHG RBC ANTIBODY SCREEN	per occurrence	125% of Cost	Internal/External



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CHG BLOOD TYPING SEROLOGIC ABO	per occurrence	125% of Cost	Internal/External
CHG BLOOD TYPING SEROLOGIC RH (D)	per occurrence	125% of Cost	Internal/External
Stool Culture	per occurrence	125% of Cost	Internal/External
CHG STOOL CULTURE,SALMONELLA & SHIGELLA	per occurrence	125% of Cost	Internal/External
Genital Culture, Routine	per occurrence	125% of Cost	Internal/External
CHG CULTURE SPEC, BACTERIA, NOT URINE,STOOL,BLOOD	per occurrence	125% of Cost	Internal/External
CHG BACTERIA IDENTIFICATION, AEROBIC ISOLATE	per occurrence	125% of Cost	Internal/External
CHG BACTERIA CULTURE SCREEN	per occurrence	125% of Cost	Internal/External
CHG URINE BACT CULT ID	per occurrence	125% of Cost	Internal/External
CHG OVA AND PARASITES SMEARS	per occurrence	125% of Cost	Internal/External
CHG ANTIBIOTIC SENS,MIC,EACH	per occurrence	125% of Cost	Internal/External
CHG SMEAR,PRIMARY W/INTERP	per occurrence	125% of Cost	Internal/External
CHG SMEAR,STAIN,WET MNT,INTERP	per occurrence	125% of Cost	Internal/External
CHG VIRUS ID,INOC TEST,OBSERV	per occurrence	125% of Cost	Internal/External
CHG VIRUS ID,NON-IMMUNOLOGIC METHOD	per occurrence	125% of Cost	Internal/External



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CHG IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	per occurrence	125% of Cost	Internal/External
CHG IAAD IA HEPATITIS B SURFACE ANTIGEN	per occurrence	125% of Cost	Internal/External
CHG IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	per occurrence	125% of Cost	Internal/External
CHG IAAD IA INFLUENZA A/B EACH	per occurrence	125% of Cost	Internal/External
CHG IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	per occurrence	125% of Cost	Internal/External
CHG IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	per occurrence	125% of Cost	Internal/External
CHG CHYLM D TRACH, DNA, DIR PROBE	per occurrence	125% of Cost	Internal/External
CHG CHYLM D TRACH, DNA, AMP PROBE	per occurrence	125% of Cost	Internal/External
CHG CYTOMED, DNA, AMP PROBE	per occurrence	125% of Cost	Internal/External
CHG NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	per occurrence	125% of Cost	Internal/External
CHG HEPATITIS C , RNA, AMP PROBE	per occurrence	125% of Cost	Internal/External
CHG HEPATITIS C, RNA, QUANT	per occurrence	125% of Cost	Internal/External
Strep Test	per occurrence	125% of Cost	Internal/External
CHG IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	per occurrence	125% of Cost	Internal/External
CHG N.GONORRHOEAE, DNA, AMP PROB	per occurrence	125% of Cost	Internal/External



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CHG N.GONORRHOEAE, DNA, QUANT	per occurrence	125% of Cost	Internal/External
CHG HPV, DNA, AMP PROBE	per occurrence	125% of Cost	Internal/External
PR TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE	per occurrence	125% of Cost	Internal/External
CHG DETECT AGENT NOS, DNA, AMP	per occurrence	125% of Cost	Internal/External
CHG IAADIADOO INFLUENZA	per occurrence	125% of Cost	Internal/External
CHG IAADIADOO TRICHOMONAS VAGINALIS	per occurrence	125% of Cost	Internal/External
CHG IAADIADOO STREPTOCOCCUS GROUP A	per occurrence	125% of Cost	Internal/External
CHG HEPATITIS C VIRUS, GENOTYPE ANAL DNA/RNA	per occurrence	125% of Cost	Internal/External
CHG CYTOPATH CERV/VAG THIN LAYER	per occurrence	125% of Cost	Internal/External
CHG CYTOPATH TBS CERV/VAG MANUAL	per occurrence	125% of Cost	Internal/External
CHG FLOWCYTOMETRY/READ, 16 & > MARKERS	per occurrence	125% of Cost	Internal/External
CHG LEUKOCYTE COUNT,FECAL	per occurrence	125% of Cost	Internal/External
Each additional administration of immunization/vaccine	per occurrence	\$9.00	Internal/External
PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID	per occurrence	\$21.00	Internal/External



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PR IMMUNIZ,ADMIN,EACH ADDL	per occurrence	\$15.00	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	125% of Cost	Internal/External
PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	per occurrence	125% of Cost	Internal/External
PR HEPA/HEPB VACCINE ADULT IM	per occurrence	125% of Cost	Internal/External
PR 9VHPV VACC 2/3 DOSE SCHED IM USE	per occurrence	125% of Cost	Internal/External
PR IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	per occurrence	125% of Cost	Internal/External
PR PCV13 VACCINE FOR INTRAMUSCULAR USE	per occurrence	125% of Cost	Internal/External
PR CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	per occurrence	125% of Cost	Internal/External
PR RABIES VACCINE, IM	per occurrence	125% of Cost	Internal/External
PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	per occurrence	125% of Cost	Internal/External
PR TYPHOID VACCINE, IM	per occurrence	125% of Cost	Internal/External
PR MMR VIRUS IMMUNIZATION, SUBCUT	per occurrence	125% of Cost	Internal/External
PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	per occurrence	125% of Cost	Internal/External



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PR TDAP VACCINE >7 YO, IM	per occurrence	125% of Cost	Internal/External
PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE	per occurrence	125% of Cost	Internal/External
PR YELLOW FEVER IMMUNIZATN,LIVE,SUB-Q	per occurrence	125% of Cost	Internal/External
PR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	per occurrence	125% of Cost	Internal/External
PR MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	per occurrence	125% of Cost	Internal/External
PR MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	per occurrence	125% of Cost	Internal/External
PR ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	per occurrence	125% of Cost	Internal/External
PR JAPANESE ENCEPH VACC, INACTIVATED, IM	per occurrence	125% of Cost	Internal/External
PR HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	per occurrence	125% of Cost	Internal/External
PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	per occurrence	125% of Cost	Internal/External
PR HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	per occurrence	125% of Cost	Internal/External
PSYCHIATRIC DIAGNOSTIC EVALUATION	per occurrence	\$182.00	Internal/External
PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	per occurrence	\$83.00	Internal/External
PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	per occurrence	\$109.00	Internal/External



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PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	per occurrence	\$161.00	Internal/External
PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	per occurrence	\$155.00	Internal/External
PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	per occurrence	\$76.00	Internal/External
PR FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	per occurrence	\$104.00	Internal/External
PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	per occurrence	\$109.00	Internal/External
PR GROUP PSYCHOTHERAPY	per occurrence	\$29.00	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	\$40.00	Internal/External
PR PURE TONE HEARING TEST, AIR	per occurrence	\$19.00	Internal/External
Audiogram (Pure tone audiometry; air only)	per occurrence	\$37.00	Internal/External
PR COMPREHENSIVE HEARING TEST	per occurrence	\$55.00	Internal/External
PR TYMPANOMETRY	per occurrence	\$23.00	Internal/External
PR ELECTROCARDIOGRAM, COMPLETE	per occurrence	\$39.00	Internal/External
External electrocardiographic recording >48hrs<7-days	per occurrence	\$12.00	Internal/External



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External electrocardiographic recording >48hrs<7-days	per occurrence	\$24.00	Internal/External
External electrocardiographic recording >7-days<15 days	per occurrence	\$12.00	Internal/External
External electrocardiographic recording >7-days<15 days	per occurrence	\$26.00	Internal/External
PR BREATHING CAPACITY TEST	per occurrence	\$54.00	Internal/External
PR CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	per occurrence	\$64.00	Internal/External
PR CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	per occurrence	\$161.00	Internal/External
PR CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	per occurrence	\$45.00	Internal/External
PR BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	per occurrence	\$7.00	Internal/External
PR PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	per occurrence	\$47.00	Internal/External
IV Infusion	per occurrence	\$49.00	Internal/External
PR INJECTION,THERAP/PROPH/DIAGNOST, IM OR SUBCUT	per occurrence	\$15.00	Internal/External
Debridement; open wound; including topical application, wound assessment; per session, total wound surface area first 20cm or less	per occurrence	\$102.00	Internal/External
Each additional 20cm or part thereof (add on code to 97597)	per occurrence	\$46.00	Internal/External
Physical Performance test and measurement -per each 15 minutes	per occurrence	\$35.00	Internal/External



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PR MED NUTR THER, 1ST, INDIV, EA 15 MIN	per occurrence	\$37.00	Internal/External
PR MED NUTR THER, SUBSQ, INDIV, EA 15 MIN	per occurrence	\$33.00	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	\$40.00	Internal/External
PR ACUPUNCT W/O ELEC STIMUL ADDL 15M	per occurrence	\$29.00	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	\$17.00	Internal/External
PR NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	per occurrence	\$30.00	Internal/External
PR NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	per occurrence	\$43.00	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	\$56.00	Internal/External



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PR VISUAL SCREENING TEST, BILAT	per occurrence	\$6.00	Internal/External
PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	per occurrence	\$74.00	Internal/External
PR OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	per occurrence	\$115.00	Internal/External
PR OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	per occurrence	\$172.00	Internal/External
PR OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	per occurrence	\$228.00	Internal/External
PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	per occurrence	\$24.00	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	\$94.00	Internal/External
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	per occurrence	\$132.00	Internal/External
PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	per occurrence	\$186.00	Internal/External
Expanded Problem Focused	per occurrence	\$119.00	Internal/External
Comprehensive - Low Complexity	per occurrence	\$164.00	Internal/External
Comprehensive - Moderate Complexity	per occurrence	\$246.00	Internal/External
Comprehensive - High Complexity	per occurrence	\$302.00	Internal/External
PR PROLONGED SVC I/P OR OBS SETTING 1ST HOUR	per occurrence	\$90.00	Internal/External



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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	\$118.00	Internal/External
PR PREVENTIVE VISIT,NEW,AGE 1-4	per occurrence	\$129.00	Internal/External
PR PREVENTIVE VISIT,NEW,AGE5-11	per occurrence	\$127.00	Internal/External
PR PREVENTIVE VISIT,NEW,12-17	per occurrence	\$138.00	Internal/External
PR PREVENTIVE VISIT,NEW,18-39	per occurrence	\$138.00	Internal/External
PR PREVENTIVE VISIT,NEW,40-64	per occurrence	\$163.00	Internal/External
PR PREVENTIVE VISIT,NEW,65 & OVER	per occurrence	\$178.00	Internal/External
PR PREVENTIVE VISIT,EST, INFANT < 1 YR	per occurrence	\$93.00	Internal/External
PR PREVENTIVE VISIT,EST,AGE 1-4	per occurrence	\$106.00	Internal/External
PR PREVENTIVE VISIT,EST,AGE5-11	per occurrence	\$104.00	Internal/External
PR PREVENTIVE VISIT,EST,12-17	per occurrence	\$113.00	Internal/External



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PR PREVENTIVE VISIT,EST,18-39	per occurrence	\$114.00	Internal/External
PR PREVENTIVE VISIT,EST,40-64	per occurrence	\$126.00	Internal/External
PR PREVENTIVE VISIT,EST,65 & OVER	per occurrence	\$143.00	Internal/External
PR PREVENT COUNSEL,INDIV,15 MIN	per occurrence	\$43.00	Internal/External
PR PREVENT COUNSEL,INDIV,30 MIN	per occurrence	\$78.00	Internal/External
PR PREVENT COUNSEL,INDIV,45 MIN	per occurrence	\$111.00	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	\$30.00	Internal/External
PR HEALTH RISK ASSESSMENT TEST	per occurrence	\$42.00	Internal/External
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	\$30.00	Internal/External
Online digital e&m, est patient, for up to 7 days; 21+ minutes	per occurrence	\$48.00	Internal/External
Prin care mgmt phys 1st 30	per occurrence	\$86.00	Internal/External



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Prin care mgmt phys 1st 30	per occurrence	\$62.00	Internal/External
Prin care mgmt staff 1st 30	per occurrence	\$64.00	Internal/External
Prin care mgmt staff ea addl	per occurrence	\$49.00	Internal/External
PR PHYSICIAN TELEPHONE EVALUATION 5-10 MIN	per occurrence	\$58.00	Internal/External
PR PHYSICIAN TELEPHONE EVALUATION 11-20 MIN	per occurrence	\$93.00	Internal/External
PR PHYSICIAN TELEPHONE EVALUATION 21-30 MIN	per occurrence	\$132.00	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 reocrdings and programmed alerts	per occurrence	\$47.00	Internal/External
20 minutes of monitoring and treatment management that includes interactive communication with the patient or caregiver during the calendar month	per occurrence	\$50.00	Internal/External
Each additional 20 minutes of monitoring and treatment management services provided	per occurrence	\$41.00	Internal/External
Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	per occurrence	\$14.00	Internal/External



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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
Cplx chrnc care 1st 60 min	per occurrence	\$138.00	Internal/External
Cplx chrnc care ea addl 30	per occurrence	\$74.00	Internal/External
Chronic care management services, at least 20 minutes	per occurrence	\$65.00	Internal/External
Trans care mgmt 14 day disch	per occurrence	\$212.00	Internal/External
Trans care mgmt 7 day disch	per occurrence	\$287.00	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	\$79.00	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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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 VRX GROUP COUNSELING	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 HEALTH COACHING PHONE CALL ATTEMPT	per occurrence	\$0.00	Internal/External
PR VRX PRODUCE PICKUP	per occurrence	\$0.00	Internal/External
PR MSP BLOODBORNE PATHOGEN COMPLETION	per occurrence	\$0.00	Internal/External



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**DEPARTMENT NAME :**

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

**VICE-PRESIDENT AREA :**

**Accademic Affairs (BSHS)**

<b>DESCRIPTION OF COMMODITY OR SERVICE :</b>	<b>UNIT OF BILLING</b>	<b>FY 24/25 RATE</b>	<b>CUSTOMERS BEING SERVED</b>
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	\$5.00	Internal/External
PR PSA, TOTAL SCREENING	per occurrence	\$52.00	Internal/External
DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL	per occurrence	\$65.00	Internal/External
DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE)	per occurrence	\$16.00	Internal/External
Counseling visit to discuss need for lung cancer screening using low dose CT scan	per occurrence	\$38.00	Internal/External
Low dose CT scan (LDCT) for lung cancer screening	per occurrence	\$0.00	Internal/External
Annual Wellness Visit, Initial (Medicare)	per occurrence	\$171.00	Internal/External
Annual Wellness Visit, Subsequent (Medicare)	per occurrence	\$134.00	Internal/External
ANNUAL DEPRESSION SCREENING 15 MINUTES	per occurrence	\$20.00	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



**BILLING RATES - FY 24/25**

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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
Injection, penicillin G benzathine, 100, 000 units	per occurrence	\$28.00	Internal/External
PR INJ, CEFTRIAXONE SODIUM, PER 250 MG	per occurrence	\$20.00	Internal/External
PR, INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	per occurrence	\$1.00	Internal/External
PR INJ TESTOSTERONE CYPIONATE	per occurrence	\$1.00	Internal/External
PR INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	per occurrence	\$3.00	Internal/External
PR INJECTION, TRIAMCINOLONE ACETONIDE, NOS, 10 MG	per occurrence	\$2.00	Internal/External
PR INJECTION, VIT B12, UP TO 1000 MCG	per occurrence	\$1.00	Internal/External
Kyleena - Levonorgestrel-releasing intrauterine contraceptive system	per occurrence	\$1,454.00	Internal/External
Liletta - Levonorgestrel-releasing intrauterine contraceptive system	per occurrence	\$1,116.00	Internal/External



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Mirena - Levonorgestrel-releasing intrauterine contraceptive system	per occurrence	\$1,454.00	Internal/External
Paragard - Intrauterine copper contraceptive	per occurrence	\$1,353.00	Internal/External
Skyla - Levonorgestrel-releasing intrauterine contraceptive system	per occurrence	\$1,211.00	Internal/External
Nexplanon - Etonogestrel implant system, including implant and supplies	per occurrence	\$1,442.00	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 RPM BEHAVIORAL	per occurrence	\$0.00	Internal/External
PR RPM DIABETES	per occurrence	\$0.00	Internal/External
PR RPM HYPERTENSION	per occurrence	\$0.00	Internal/External
PR RPM OTHER	per occurrence	\$0.00	Internal/External
PR RPM WELLNESS	per occurrence	\$0.00	Internal/External
PR NUTRITION CLASS	per occurrence	\$25.00	Internal/External



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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
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) - 10+ attendees	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