



BILLING RATES - FY 26/27

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 26/27 RATE	CUSTOMERS BEING SERVED
PR DRAIN SKIN ABSCESS SIMPLE	per occurrence	\$144.00	Internal/External
PR INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	per occurrence	\$170.00	Internal/External
Destruction Warts, Up To 14 (First Visit)	per occurrence	\$78.00	Internal/External
Destruction Benign or Premalignant Lesion (2-4)	per occurrence	\$91.00	Internal/External
Destruction Benign or Premalignant Lesions (>4)	per occurrence	\$99.00	Internal/External
PR BIOPSY OF SKIN LESION	per occurrence	\$90.00	Internal/External
PR BIOPSY, EACH ADDED LESION	per occurrence	\$22.00	Internal/External
PR TANGENTIAL BIOPSY SKIN SINGLE LESION	per occurrence	\$110.00	Internal/External
Biopsy, Skin - each additional*	per occurrence	\$57.00	Internal/External
PR PUNCH BIOPSY SKIN SINGLE LESION	per occurrence	\$137.00	Internal/External
Each additional punch biopsy	per occurrence	\$66.00	Internal/External
PR REMOVAL OF SKIN TAGS, UP TO 15	per occurrence	\$104.00	Internal/External
remove skin tag each add 10	per occurrence	\$44.00	Internal/External
shave skin lesion< .5 cm trunk, arm, leg	per occurrence	\$110.00	Internal/External



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PR SHAV SKIN LES 0.6-1.0 CM TRUNK,ARM,LEG	per occurrence	\$134.00	Internal/External
Shaving, Lesion 0.5 cm or less	per occurrence	\$127.00	Internal/External
Shaving, Lesion 0.6 cm to 1.0 cm	per occurrence	\$152.00	Internal/External
Shaving, Lesion 1.1 cm to 2.0 cm	per occurrence	\$176.00	Internal/External
Shaving, Lesion over 2.0 cm	per occurrence	\$202.00	Internal/External
PR EXC SKIN BENIG <0.5 CM TRUNK,ARM,LEG	per occurrence	\$143.00	Internal/External
PR EXC SKIN BENIG 0.6-1 CM TRUNK,ARM,LEG	per occurrence	\$174.00	Internal/External
EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0CM		\$186.00	internal/external
exc skin B 2.1-3cm Trunk, Ar, L	per occurrence	\$241.00	Internal/External
exc skin b < .5cm remainder body	per occurrence	\$142.00	Internal/External
PR EXC SKIN BENIG 0.6-1 CM REMAINDR BODY	per occurrence	\$194.00	Internal/External
PR REMOVAL OF NAIL PLATE	per occurrence	\$128.00	Internal/External
removal second or subsequent nail		\$52.00	internal/external
PR REMOVAL OF NAIL BED	per occurrence	\$222.00	Internal/External



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Injection into skin lesions, up to 7	per occurrence	\$64.00	Internal/External
Implantable Contraceptive Capsules Removal	per occurrence	\$249.00	Internal/External
PR INSERTION DRUG DELIVERY IMPLANT	per occurrence	\$165.00	Internal/External
PR REMOVAL DRUG IMPLANT DEVICE	per occurrence	\$196.00	Internal/External
PR REMOVAL W/ REINSERT DRUG IMPLANT DEVICE	per occurrence	\$296.00	Internal/External
PR RESUPERF WND BODY <2.5CM	per occurrence	\$147.00	Internal/External
PR RESUP NPTERF WND BODY 2.6-7.5 CM	per occurrence	\$180.00	Internal/External
PR RESUPERF WND FACE <2.5 CM	per occurrence	\$167.00	Internal/External
PR RESUPERF WND FACE 2.6-5 CM	per occurrence	\$199.00	Internal/External
lar clos wno trunk, arm, leg 2.6-7.5	per occurrence	\$339.00	Internal/External
PR DESTRUC BENIGN/PREMA, FIRST LESION	per occurrence	\$83.00	Internal/External
PR DESTRUC BENIGN/PREMA, 2-14 LESIONS	per occurrence	\$20.00	Internal/External
PR DESTRUC BENIGN/PREMA, 15+ LESIONS	per occurrence	\$295.00	Internal/External
PR DESTRUCTION BENIGN LESIONS UP TO 14	per occurrence	\$126.00	Internal/External



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PR DESTRUCTION BENIGN LESIONS 15 OR MORE	per occurrence	\$149.00	Internal/External
PR INJECT TENDON SHEATH/LIGAMENT	per occurrence	\$85.00	Internal/External
PR INJECT TRIGGER POINT, 1 OR 2	per occurrence	\$67.00	Internal/External
PR INJECT TRIGGER POINTS, > 3	per occurrence	\$77.00	Internal/External
PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	per occurrence	\$71.00	Internal/External
PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	per occurrence	\$78.00	Internal/External
PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	per occurrence	\$104.00	Internal/External
PR COLLECTION VENOUS BLOOD, VENIPUNCTURE	per occurrence	\$9.00	Internal/External
Capillary collection fee	per occurrence	\$6.00	Internal/External
Destruction Lesion(s) - anus, simple	per occurrence	\$296.00	Internal/External
Destruction Lesion(s) - penis, simple	per occurrence	\$195.00	Internal/External
PR DESTR PENIS LESN, SIMPL, CRYOSURG	per occurrence	\$212.00	Internal/External
PR I&D BARTHOLIN GLAND ABSCESS	per occurrence	\$206.00	Internal/External
Destruction Lesion(s) - vulva, simple	per occurrence	\$186.00	Internal/External
PR FITTING OF DIAPHRAGM/CAP	per occurrence	\$121.00	Internal/External
PR COLPOSCOPY, CERVIX W/ADJ VAGINA	per occurrence	\$176.00	Internal/External
PR COLPOSC, CERVIX W/ADJ VAG, W/BX & CURRETAG	per occurrence	\$243.00	Internal/External



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PR COLPOSCOPY,CERVIX W/ADJ VAGINA,W/BX	per occurrence	\$243.00	Internal/External
PR COLPOSCOPY,CERVIX W/ADJ VAGINA, CURETTAG	per occurrence	\$230.00	Internal/External
PR BIOPSY CERVIX, 1 OR MORE, OR EXCISION OF LESION	per occurrence	\$168.00	Internal/External
Coloscopy With Endocervical curettage*	per occurrence	\$171.00	Internal/External
PR CRYOCAUTERY OF CERVIX	per occurrence	\$233.00	Internal/External
PR CONIZATION CERVIX,LOOP ELECTRD	per occurrence	\$561.00	Internal/External
PR BIOPSY OF UTERUS LINING	per occurrence	\$173.00	Internal/External
Endometrial Biopsy performed with Colpo*	per occurrence	\$78.00	Internal/External
PR INSERT INTRAUTERINE DEVICE	per occurrence	\$134.00	Internal/External
PR REMOVE INTRAUTERINE DEVICE	per occurrence	\$152.00	Internal/External
PR INJECTION AA&/STRD GREATER OCCIPITAL NERVE	per occurrence	\$221.00	Internal/External
PR REMV EXT CANAL FOREIGN BODY	per occurrence	\$142.00	Internal/External
PR REMOVE IMPACTED EAR WAX	per occurrence	\$95.00	Internal/External
CHG LIPID PANEL	per occurrence	\$18.00	Internal/External
CHG URINALYSIS, AUTO, W/O SCOPE	per occurrence	\$10.00	Internal/External
CHG MICROSCOPIC EXAM OF URINE	per occurrence	\$15.00	Internal/External
CHG URINE PREGNANCY TEST	per occurrence	\$15.00	Internal/External



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CHG BLOOD OCCULT,BY PEROXID,FECES,SINGLE, COLORECTAL SCREEN	per occurrence	\$10.00	Internal/External
CHG GLUCOSE BLOOD TEST	per occurrence	\$10.00	Internal/External
CHG GLYCOSYLATED HEMOGLOBIN TEST	per occurrence	\$12.00	Internal/External
CHG HEMOGLOBIN	per occurrence	\$10.00	Internal/External
CHG HIV-1/HIV-2, SINGLE ASSAY	per occurrence	\$36.00	Internal/External
CHG ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	per occurrence	\$43.00	Internal/External
CHG HEPATITIS C AB TEST	per occurrence	\$37.00	Internal/External
Pinworm	per occurrence	\$10.00	Internal/External
CHG SMEAR,STAIN,WET MNT,INTERP	per occurrence	\$10.00	Internal/External
KOH	per occurrence	\$11.00	Internal/External
CHG IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	per occurrence	\$43.00	Internal/External
CHG IAADIADOO INFLUENZA	per occurrence	\$32.00	Internal/External
Each additional administration of immunization/vaccine	per occurrence	\$11.00	Internal/External
PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID	per occurrence	\$27.00	Internal/External
PR IMMUNIZ,ADMIN,EACH ADDL	per occurrence	\$20.00	Internal/External
PR IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	per occurrence	\$22.00	Internal/External
Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	per occurrence	\$40.00	Internal/External



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65+ flu shot		\$98.00	internal/external
PSYCHIATRIC DIAGNOSTIC EVALUATION	per occurrence	\$201.00	Internal/External
PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	per occurrence	\$95.00	Internal/External
PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	per occurrence	\$131.00	Internal/External
PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	per occurrence	\$186.00	Internal/External
PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	per occurrence	\$179.00	Internal/External
PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	per occurrence	\$88.00	Internal/External
PR FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	per occurrence	\$120.00	Internal/External
PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	per occurrence	\$125.00	Internal/External
PR GROUP PSYCHOTHERAPY	per occurrence	\$34.00	Internal/External
PR SARSCOV2 VACCINE AD26 5X1010VP/0.5ML IM USE	per occurrence	\$64.00	Internal/External
Automated point of care retinal imaging	per occurrence	\$49.00	Internal/External
PR PURE TONE HEARING TEST, AIR	per occurrence	\$21.00	Internal/External
Audiogram (Pure tone audiometry; air only)	per occurrence	\$44.00	Internal/External
PR COMPREHENSIVE HEARING TEST	per occurrence	\$62.00	Internal/External
PR TYMPANOMETRY	per occurrence	\$27.00	Internal/External
PR ELECTROCARDIOGRAM, COMPLETE	per occurrence	\$44.00	Internal/External



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External electrocardiographic recording >48hrs<7-days	per occurrence	\$16.00	Internal/External
External electrocardiographic recording >48hrs<7-days	per occurrence	\$32.00	Internal/External
External electrocardiographic recording >7-days<15 days	per occurrence	\$16.00	Internal/External
External electrocardiographic recording >7-days<15 days	per occurrence	\$32.00	Internal/External
PR BREATHING CAPACITY TEST	per occurrence	\$61.00	Internal/External
PR CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	per occurrence	\$68.00	Internal/External
PR CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	per occurrence	\$181.00	Internal/External
PR CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	per occurrence	\$50.00	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	\$49.00	Internal/External
IV Infusion	per occurrence	\$56.00	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	\$112.00	Internal/External
Each additional 20cm or part therof (add on code to 97597)	per occurrence	\$50.00	Internal/External
Physical Performance test and measurement -per each 15 minutes	per occurrence	\$39.00	Internal/External
PR MED NUTR THER, 1ST, INDIV, EA 15 MIN	per occurrence	\$42.00	Internal/External
PR MED NUTR THER, SUBSQ, INDIV, EA 15 MIN	per occurrence	\$37.00	Internal/External



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PR MED NUTR THER, GROUP, EA 30 MIN	per occurrence	\$19.00	Internal/External
PR ACUPUNCT W/O ELEC STIMUL 15 MIN	per occurrence	\$42.00	Internal/External
PR ACUPUNCT W/O ELEC STIMUL ADDL 15M	per occurrence	\$31.00	Internal/External
PR SELF-MGMT EDUC & TRAIN, 1 PT, EA 30 MIN	per occurrence	\$54.00	Internal/External
PR SELF-MGMT EDUC/TRAIN, 2-4 PT, EA 30 MIN	per occurrence	\$54.00	Internal/External
PR SELF-MGMT EDUC/TRAIN, 5-8 PT, EA 30 MIN	per occurrence	\$54.00	Internal/External
PR NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	per occurrence	\$19.00	Internal/External
PR NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	per occurrence	\$33.00	Internal/External
PR NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	per occurrence	\$48.00	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	\$22.00	Internal/External
30 minutes of monitoring each 30 days that does not require interactive communication	per occurrence	\$60.00	Internal/External
PR VISUAL SCREENING TEST, BILAT	per occurrence	\$6.00	Internal/External
PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	per occurrence	\$88.00	Internal/External
PR OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	per occurrence	\$139.00	Internal/External
PR OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	per occurrence	\$197.00	Internal/External
PR OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	per occurrence	\$260.00	Internal/External



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PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	per occurrence	\$28.00	Internal/External
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	per occurrence	\$70.00	Internal/External
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	per occurrence	\$112.00	Internal/External
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	per occurrence	\$151.00	Internal/External
PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	per occurrence	\$213.00	Internal/External
Expanded Problem Focused	per occurrence	\$136.00	Internal/External
Comprehensive - Low Complexity	per occurrence	\$186.00	Internal/External
Comprehensive - Moderate Complexity	per occurrence	\$279.00	Internal/External
Comprehensive - High Complexity	per occurrence	\$343.00	Internal/External
PR PROLONGED SVC I/P OR OBS SETTING 1ST HOUR	per occurrence	\$96.00	Internal/External
PR PROLONGED SERV,INPATIENT,EA ADD 30 MIN	per occurrence	\$96.00	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	\$133.00	Internal/External
PR PREVENTIVE VISIT,NEW,AGE 1-4	per occurrence	\$145.00	Internal/External
PR PREVENTIVE VISIT,NEW,AGE5-11	per occurrence	\$142.00	Internal/External



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PR PREVENTIVE VISIT,NEW,12-17	per occurrence	\$156.00	Internal/External
PR PREVENTIVE VISIT,NEW,18-39	per occurrence	\$156.00	Internal/External
PR PREVENTIVE VISIT,NEW,40-64	per occurrence	\$183.00	Internal/External
PR PREVENTIVE VISIT,NEW,65 & OVER	per occurrence	\$201.00	Internal/External
PR PREVENTIVE VISIT,EST, INFANT < 1 YR	per occurrence	\$104.00	Internal/External
PR PREVENTIVE VISIT,EST,AGE 1-4	per occurrence	\$118.00	Internal/External
PR PREVENTIVE VISIT,EST,AGE5-11	per occurrence	\$117.00	Internal/External
PR PREVENTIVE VISIT,EST,12-17	per occurrence	\$127.00	Internal/External
PR PREVENTIVE VISIT,EST,18-39	per occurrence	\$129.00	Internal/External
PR PREVENTIVE VISIT,EST,40-64	per occurrence	\$141.00	Internal/External
PR PREVENTIVE VISIT,EST,65 & OVER	per occurrence	\$161.00	Internal/External
PR PREVENT COUNSEL,INDIV,15 MIN	per occurrence	\$48.00	Internal/External
PR PREVENT COUNSEL,INDIV,30 MIN	per occurrence	\$88.00	Internal/External
PR PREVENT COUNSEL,INDIV,45 MIN	per occurrence	\$125.00	Internal/External
PR PREVENT COUNSEL,INDIV,60 MIN	per occurrence	\$163.00	Internal/External
PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	per occurrence	\$17.00	Internal/External
PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES	per occurrence	\$33.00	Internal/External



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PR HEALTH RISK ASSESSMENT TEST	per occurrence	\$44.00	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	\$32.00	Internal/External
Online digital e&m, est patient, for up to 7 days; 21+ minutes	per occurrence	\$50.00	Internal/External
Prin care mgmt phys 1st 30	per occurrence	\$92.00	Internal/External
Prin care mgmt phys 1st 30	per occurrence	\$66.00	Internal/External
Prin care mgmt staff 1st 30	per occurrence	\$68.00	Internal/External
Prin care mgmt staff ea addl	per occurrence	\$52.00	Internal/External
PR PHYSICIAN TELEPHONE EVALUATION 5-10 MIN	per occurrence	\$62.00	Internal/External
PR PHYSICIAN TELEPHONE EVALUATION 11-20 MIN	per occurrence	\$99.00	Internal/External
PR PHYSICIAN TELEPHONE EVALUATION 21-30 MIN	per occurrence	\$140.00	Internal/External
PR PHYSICIAN ONLINE EVALUATION & MANAGEMENT SERVICE	per occurrence	\$42.00	Internal/External
Remote monitoring of physiologic parameters, covering the supply of the device and the transmission of 2–15 days of health data within a 30-day period	per occurrence	\$56.00	Internal/External
Initial setup of device	per occurrence	\$22.00	Internal/External
Device supply with daily reocrdings and programmed alerts	per occurrence	\$49.00	Internal/External
20 minutes of monitoring and treatment management that includes interactive communication with the patient or caregiver during the calendar month	per occurrence	\$54.00	Internal/External



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Each additional 20 minutes of monitoring and treatment management services provided	per occurrence	\$43.00	Internal/External
GYN supply add on to non-GYN E/M	per occurrence	\$25.00	Internal/External
Remote physiologic monitoring (RPM) treatment management services (10 minutes)	per occurrence	\$31.00	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
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	\$19.00	Internal/External
Cplx chrnc care 1st 60 min	per occurrence	\$146.00	Internal/External
Cplx chrnc care ea addl 30	per occurrence	\$78.00	Internal/External
Chronic care management services, at least 20 minutes	per occurrence	\$69.00	Internal/External
Trans care mgmt 14 day disch	per occurrence	\$236.00	Internal/External
Trans care mgmt 7 day disch	per occurrence	\$320.00	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	\$102.00	Internal/External
Advance Care planning, provided by qualified health professional, each additional 30 minutes	per occurrence	\$90.00	Internal/External
PR IMM ADMN SARSCOV2 AD26 5X1010VP/0.5 ML 1 DOSE	per occurrence	\$55.00	Internal/External
PR BIA WHOLE BODY COMPOSITION ASSESSMENT W/I&R	per occurrence	\$22.00	Internal/External
PR VRX GROUP COUNSELING	per occurrence	\$0.00	Internal/External



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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	\$5.00	Internal/External
PR VRX PRODUCE PICKUP	per occurrence	\$0.00	Internal/External
PR BLOOD PRESSURE CHECK	per occurrence	\$0.00	Internal/External
SPORTS PHYSICAL	per occurrence	\$47.00	Internal/External
PR ADMIN INFLUENZA VIRUS VAC	per occurrence	\$6.00	Internal/External
PR PSA, TOTAL SCREENING	per occurrence	\$58.00	Internal/External
DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL	per occurrence	\$73.00	Internal/External
DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE)	per occurrence	\$18.00	Internal/External
Completed Social Determinants of Health Assessment	per occurrence	\$19.00	Internal/External
Counseling visit to discuss need for lung cancer screening using low dose CT scan	per occurrence	\$43.00	Internal/External
Low dose CT scan (LDCT) for lung cancer screening	per occurrence		Internal/External
Annual Wellness Visit, Initial (Medicare)	per occurrence	\$189.00	Internal/External
Annual Wellness Visit, Subsequent (Medicare)	per occurrence	\$149.00	Internal/External
ANNUAL DEPRESSION SCREENING 15 MINUTES	per occurrence	\$23.00	Internal/External
Fingerstick Hepatitis C Antibody Screening	per occurrence	\$45.00	Internal/External



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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	\$100.00	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 NUTRITION CLASS	per occurrence	\$27.00	Internal/External
PR NUTRITIONAL COUNSELING, DIET	per occurrence	\$22.00	Internal/External
PR PREVENT WW OFFICE RE-VISIT COUNSEL NOT PERFORMED ON SAME DAY AS SCREEN EXAM	per occurrence	\$74.00	Internal/External
WW New Patient	per occurrence	\$109.00	Internal/External
WW Est Patient	per occurrence	\$91.00	Internal/External
Fitness Testing Package	per occurrence	\$10.00	Internal/External
Fitness Testing Follow-Up	per occurrence	\$27.00	Internal/External
Forms Processing (copy, completion medical forms or records)	per occurrence	\$37.00	Internal/External
CPR (Fee + Additional Fee For Card/Roster And Book) - Renewal	per occurrence	\$54.00	Internal/External
CPR (Fee + Additional Fee For Card/Roster And Book)-Initial	per occurrence	\$79.00	Internal/External
Lab Tests (80000-89999) are priced at 150% of costs per policy unless otherwise noted	per occurrence	Varies	Internal/External
Vaccines, Injections, and Pharmaceuticals (90000, J codes) are priced at 125% of costs per policy	per occurrence	Varies	Internal/External



BILLING RATES - FY 26/27

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 26/27 RATE	CUSTOMERS BEING SERVED
Uninsured, self pay patients will receive 20% discount on office visits, physical exams, consultations, and procedures	per occurrence	Varies	Internal/External
Completion of medical record request	per occurrence	\$25.00	Internal/External
Any specialty procedure codes not listed are billed at 120% of the nearest whole dollar for the current year's PEBA Office Allowance Schedule	per occurrence	Varies	Internal/External
Contracted staff rates are priced at 125% of current compensation unless otherwise noted. Billed hourly and includes current fringe rate	per occurrence	Varies	External
Contracted staff rates are priced at 100% of current compensation unless otherwise noted. Billed hourly and includes current fringe rate	per occurrence	Varies	Internal
Mobile Mileage, large mobile (FTR, F-650)	per occurrence	\$4.75 per mile	Internal/External
Mobile Mileage, small mobile (Sprinter)	per occurrence	\$3.50 per mile	Internal/External
Mobile Mileage, SUV or Truck	per occurrence	rent state vehicle	Internal/External
No show fee where applicable and per policy	per occurrence	\$20.00	Internal/External

Special Promotional Prices May Be Offered For Groups

Fees May Be Adjusted For Services Provided On Mobile Medical Clinic