



BILLING RATES - FY 20/21

DEPARTMENT NAME :

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

VICE-PRESIDENT AREA :

Academic Affairs (BSHS)

DESCRIPTION OF COMMODITY OR SERVICE :	UNIT OF BILLING	FY 20/21 RATE	CUSTOMERS BEING SERVED
Office Services			
New Patient			
Problem Focused	per visit	\$42.00	Internal/External
Expanded Problem Focused	per visit	\$74.00	Internal/External
Detailed	per visit	\$105.00	Internal/External
Comprehensive - Moderate Complexity	per visit	\$164.00	Internal/External
Comprehensive - High Complexity	per visit	\$206.00	Internal/External
Established Patient			
Follow-Up Recent Visit; RN Visit; Venipuncture Visit	per visit	\$20.00	Internal/External
Problem Focused	per visit	\$44.00	Internal/External
Expanded Problem Focused	per visit	\$72.00	Internal/External
Detailed	per visit	\$108.00	Internal/External
Comprehensive	per visit	\$145.00	Internal/External
New Patient - Physical Exams			



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Well Child (Under 18 Years)	per visit	\$108.00	Internal/External
Adult (Over 17 Years)	per visit	\$100.00	Internal/External
Established Patient - Physical Exams			
Well Child (Under 18 Years)	per visit	\$85.00	Internal/External
Adult (Over 17 Years)	per visit	\$90.00	Internal/External
Office Consultation			
Problem Focused	per visit	\$50.00	Internal/External
Expanded Problem Focused	per visit	\$90.00	Internal/External
Comprehensive - Low Complexity	per visit	\$120.00	Internal/External
Comprehensive - Moderate Complexity	per visit	\$150.00	Internal/External
Comprehensive - High Complexity	per visit	\$200.00	Internal/External
Procedures			
Biopsy, Skin, single*	per occurrence	\$84.00	Internal/External



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Biopsy, Skin - each additional*	per occurrence	\$20.00	Internal/External
Cervical Polyp*	per occurrence	\$130.00	Internal/External
Coloscopy without Biopsy	per occurrence	\$142.00	Internal/External
Coloscopy With Biopsy*	per occurrence	\$198.00	Internal/External
Coloscopy With Biopsy And ECC*	per occurrence	\$198.00	Internal/External
Coloscopy With Endocervical curettage*	per occurrence	\$140.00	Internal/External
Cryosurgery	per occurrence	\$188.00	Internal/External
Destruction Benign or Premalignant Lesion (one)	per occurrence	\$66.00	Internal/External
Destruction Benign or Premalignant Lesions (>2-15)	per occurrence	\$120.00	Internal/External
Destruction Lesion(s) - vulva, simple	per occurrence	\$150.00	Internal/External
Destruction Lesion(s) - penis, simple	per occurrence	\$158.00	Internal/External
Destruction Lesion(s) - anus, simple	per occurrence	\$266.00	Internal/External
Destruction Warts, Up To 14 (First Visit)	per occurrence	\$70.00	Internal/External
Diaphragm Fitting	per occurrence	\$98.00	Internal/External
Endometrial Biopsy*	per occurrence	\$140.00	Internal/External



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Endometrial Biopsy performed with Colpo*	per occurrence	\$64.00	Internal/External
Excision Of Nail/Nail Matrix	per occurrence	\$180.00	Internal/External
I & D Abscess	per occurrence	\$100.00	Internal/External
Implantable Contraceptive Capsules Insertion	per occurrence	\$134.00	Internal/External
Implantable Contraceptive Capsules Removal	per occurrence	\$202.00	Internal/External
Implantable Contraceptive Capsules Removal & Reinsertion	per occurrence	\$240.00	Internal/External
Infusion	per occurrence	\$100.00	Internal/External
IUD Insertion	per occurrence	\$108.00	Internal/External
IUD Removal	per occurrence	\$124.00	Internal/External
Laceration Repair - Facial <2.5 Cm	per occurrence	\$136.00	Internal/External
Laceration Repair - Facial >2.5 Cm	per occurrence	\$162.00	Internal/External
Laceration Repair - Non-Facial <2.5 Cm	per occurrence	\$120.00	Internal/External
Laceration Repair - Non-Facial >2.5cm	per occurrence	\$146.00	Internal/External
Leep	per occurrence	\$454.00	Internal/External
Removal foreign body, ear	per occurrence	\$116.00	Internal/External



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Removal Impacted Cerumen	per occurrence	\$78.00	Internal/External
Removal Skin Tags, Up To 15	per occurrence	\$70.00	Internal/External
Shaving, Lesion 0.5 cm or less	per occurrence	\$82.00	Internal/External
Shaving, Lesion 0.6 cm to 1.0 cm	per occurrence	\$100.00	Internal/External
Shaving, Lesion 1.1 cm to 2.0 cm	per occurrence	\$142.00	Internal/External
Shaving, Lesion over 2.0 cm	per occurrence	\$144.00	Internal/External
*Indicates procedure does not include laboratory fee			
Add On Procedures available with Office Service Fee Only -			
Audiogram	per occurrence	\$17.00	Internal/External
EKG (Screening)	per occurrence	\$36.00	Internal/External
Fecal Occult Blood	per occurrence	\$10.00	Internal/External
Flu A/B Test	per occurrence	\$24.00	Internal/External
Capillary collection fee	per occurrence	\$5.00	Internal/External
Specimen collection fee	per occurrence	\$20.00	Internal/External



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Spirometry	per occurrence	\$50.00	Internal/External
Strep Test	per occurrence	\$10.00	Internal/External
Surgical Dressing	per occurrence	\$5.00	Internal/External
Tympanogram	per occurrence	\$22.00	Internal/External
Wet Mount	per occurrence	\$10.00	Internal/External
Ancillary Services			
Acupuncture, one or more needles without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	per visit	\$50.00	Internal/External
Acupuncture, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles	per visit	\$35.00	Internal/External
Blood Pressure Check	per visit	\$5.00	Internal/External
Blood Sugar Screening - Fingerstick	per occurrence	\$10.00	Internal/External
Health Risk Appraisal	per occurrence	\$100.00	Internal/External
Hemoglobin Screening - Fingerstick	per occurrence	\$10.00	Internal/External



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PPD (TB Skin Test)	per occurrence	\$20.00	Internal/External
Pregnancy Test (Urine)	per occurrence	\$10.00	Internal/External
Urinalysis	per occurrence	\$10.00	Internal/External
Urinalysis - Microalbumin	per occurrence	\$15.00	Internal/External
Venipuncture	per occurrence	\$6.00	Internal/External
Vision Test (Screening)	per occurrence	\$10.00	Internal/External
Phone-In Prescription Refill	per occurrence	\$10.00	Internal/External
Forms Processing (copy, completion medical forms or records)	per occurrence	\$35.00	Internal/External
Immunizations/Injections/Vaccines - Medication Cost + 25% Mark-Up	per occurrence	Cost + 25%	Internal/External
Administration Fee For Immunizations/Vaccines	per occurrence	\$15.00	Internal/External
Injection Fee	per occurrence	\$15.00	Internal/External



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Preventative Health & Education			
BIA	per occurrence	\$20.00	Internal/External
Fitness Testing Package	per package	\$75.00	Internal/External
Fitness Testing Follow-Up	per visit	\$50.00	Internal/External
Off Site Educational Sessions	per occurrence	\$100.00	Internal/External
Group Health Counseling & or risk factor reduction (approx. 60 Minutes)	per occurrence	\$20.00	Internal/External
Consultation - APN (31 - 60 Min.)	per occurrence	\$120.00	Internal/External
Physical Performance test and measurement -per each 15 minutes	per occurrence	\$20.00	Internal/External
Preventive counseling & or risk factor reduction - approx. 15 min.	per occurrence	\$30.00	Internal/External
Preventive counseling & or risk factor reduction - approx. 30 min.	per occurrence	\$60.00	Internal/External
Preventive counseling & or risk factor reduction - approx. 45 min.	per occurrence	\$90.00	Internal/External
Preventive counseling & or risk factor reduction - approx. 60 min.	per occurrence	\$120.00	Internal/External
CPR (Fee + Additional Fee For Card/Roster And Book)	per occurrence	\$30.00	Internal
CPR (Fee + Additional Fee For Card/Roster And Book)	per occurrence	\$60.00	External



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Special Promotional Prices May Be Offered For Groups			Internal/External
Fees May Be Adjusted For Services Provided On Mobile Medical Clinic			Internal/External
Uninsured, self pay patients will receive 40% discount on office visits, physical exams, consultations, and procedures			Internal/External
Services provided through Medical Surveillance for University employees are billed at cost to the department			Internal