



DATE: March 2, 2020

TO: Dr. Lisa Durette, Chair
Commission on Behavioral Health

FROM: Tiffany Lewis, Rates and Cost Containment Manager
Fiscal Services

RE: Supplemental Information Regarding Updated Fee Schedule and Schedule of Discounts for Inpatient and Outpatient Behavioral Health Services and Related Supplies for Northern Nevada Adult Mental Health Services (NNAMHS) and Southern Nevada Adult Mental Health Services (SNAMHS).

PURPOSE

The State of Nevada, Division of Public and Behavioral Health (DPBH), is requesting the Commission on Behavioral Health to approve the updated cost-based fee schedule for Inpatient services and sliding fee schedules for Inpatient and Outpatient Behavioral Health services and related supplies pursuant to NRS 433.404.

The Chair of the Commission requested additional information be presented at the March 20th, 2020 meeting regarding the costs of services and how it affects the rate setting process.

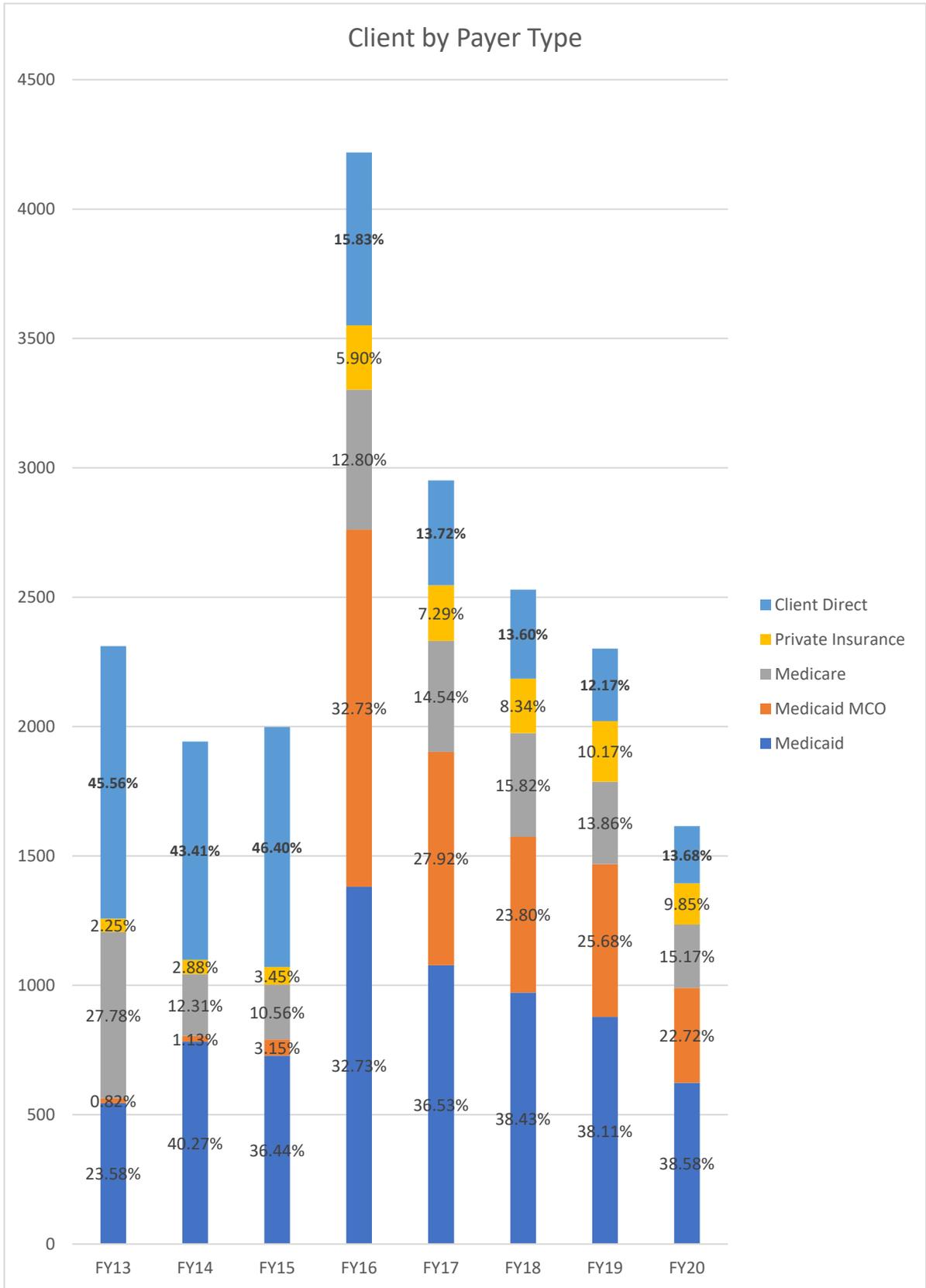
HISTORY

DPBH Inpatient and Outpatient Behavioral Health Services receives funding from the following sources to provide mandated and optional services:

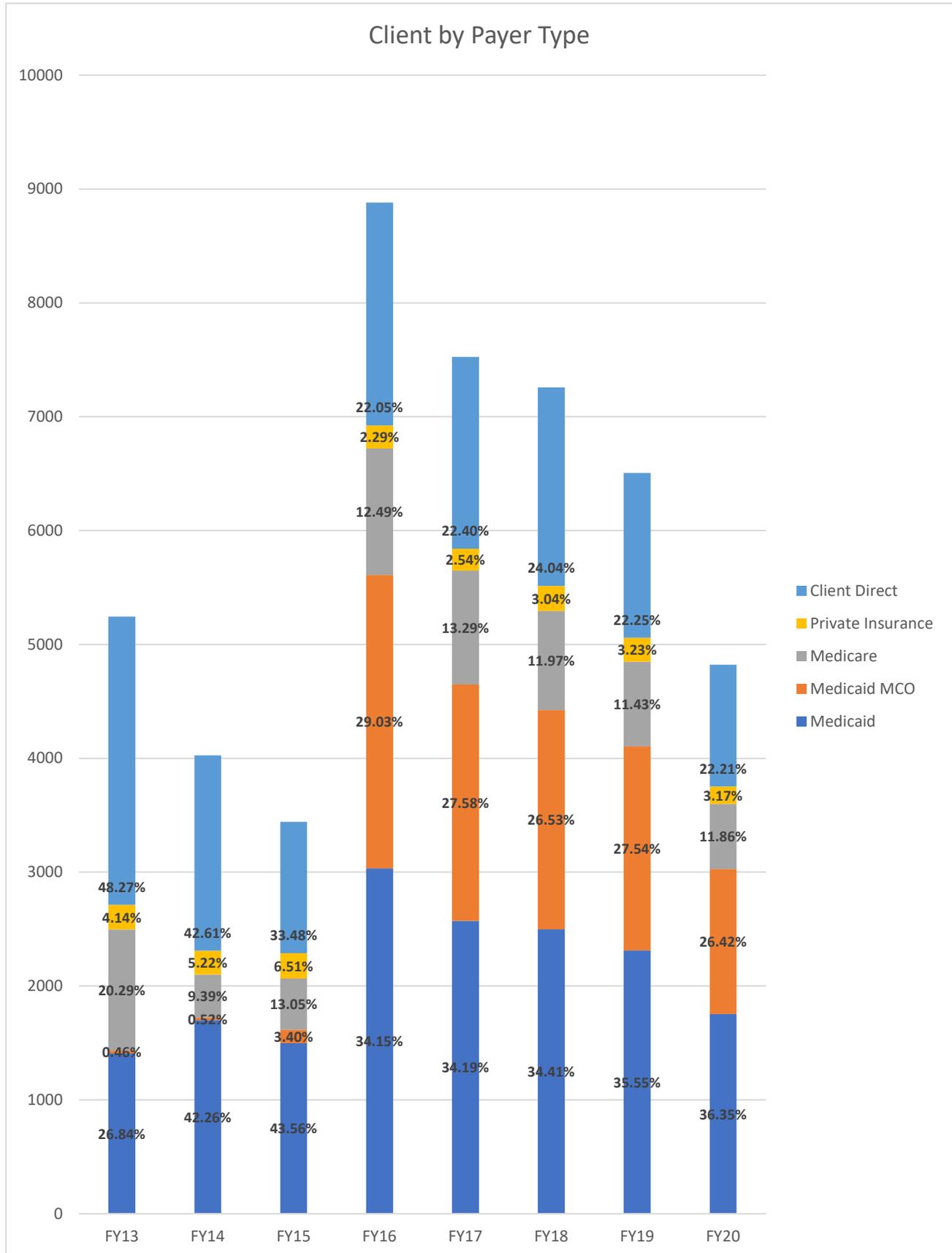
- Cost Based reimbursement through a Certified Public Expenditure contract with the Division of Health Care Financing and Policy for Medicaid Fee for Service eligible clients.
- Insurance Payers, both Public and Private
- Grant Funding for Select Programs

NRS 433.404 states that ***“For a facility providing services for the treatment of persons with mental illness, the fee established must approximate the cost of providing the service, but if a consumer is unable to pay in full the fee established pursuant to this section, the Division may collect any amount the consumer is able to pay”***. DPBH currently uses a cost analysis methodology to determine the Cost Based Rate for each service. This analysis includes review of items such as salaries of staff, administrative costs, supply costs, and service utilization numbers. The analysis then yields the average cost per service.

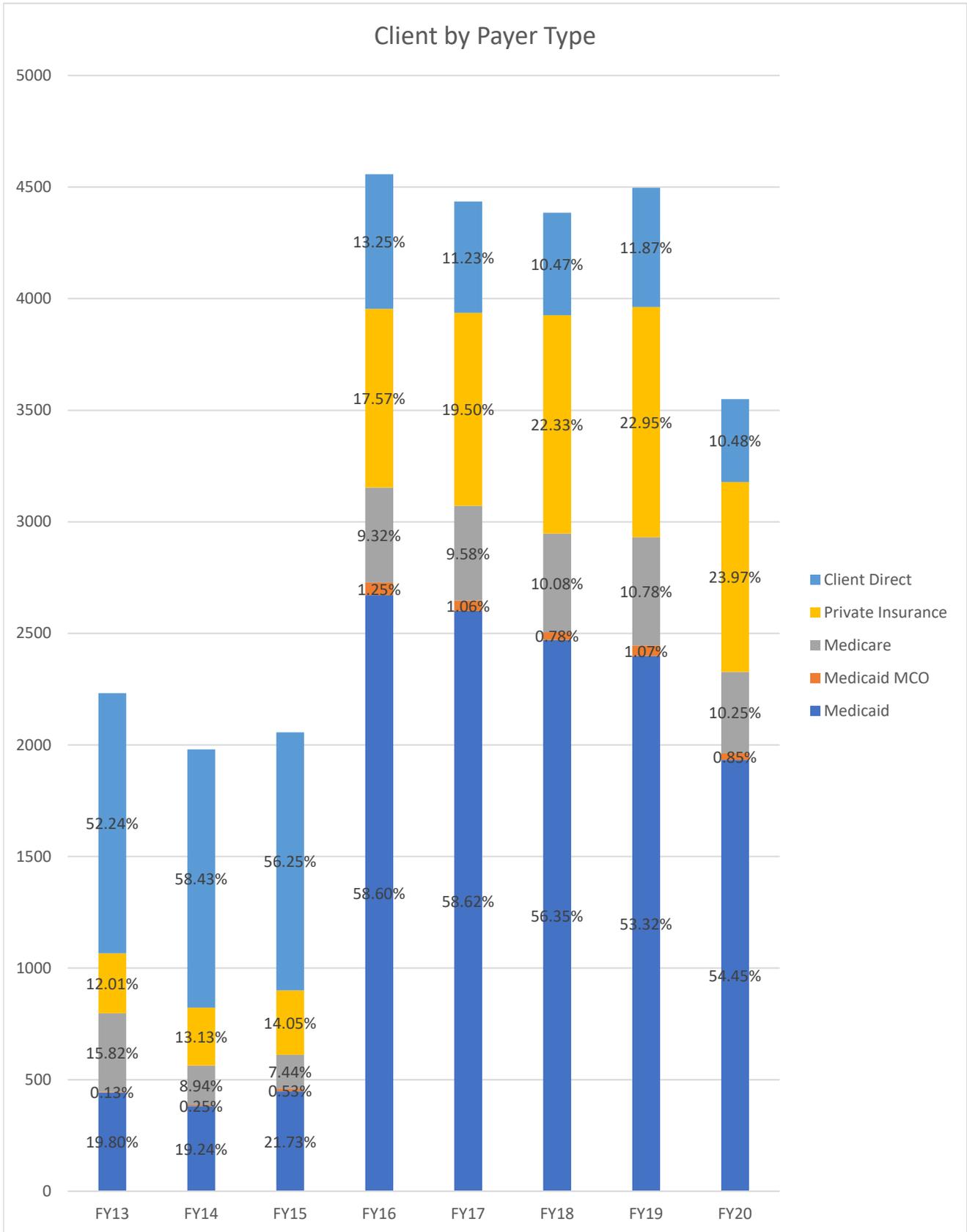
NNAMHS Client Mix



SNAMHS Client Mix



Rural Clinics Client Mix



Medicaid Costs

Which costs determine Medicaid reimbursement rates and/or result in Medicaid revenue?

B= Medicaid Billable Direct Service	S= Medicaid Allowed Supplemental Activities	A= Medicaid Allowed Administrative Services	O = Other activities non Medicaid Funded
<p>These are services provided to/for a client that meet the definition of a Medicaid covered (reimbursable) service. The costs of these services are used to determine the rate Medicaid pays DPBH.</p>	<p>These are activities that supplement or are inherent to the billable services provided to the client. The costs of these activities are used to determine the rate Medicaid pays DPBH for billable services.</p>	<p>These services are defined by Medicaid and are reimbursed to DPBH by Medicaid based on the cost of providing the service. DPBH is reimbursed separately for these services and these costs are not included in the rate for the billable services.</p>	<p>These activities or services do not meet the definition of a Medicaid billable service, a Medicaid support activity or a Medicaid Administrative Activity. These are not reimbursed by Medicaid and are funded by grants or State general fund.</p>
<p>Examples: Therapy(90832) TCM(620) BST (H2014) PSR (H2017) Medication Mgmnt (99213) Psych Eval (90871)</p>	<p>Examples: Documentation in the client record (939) Administrative(930) Nurse visit prior to prescriber (936) Clinician Travel(990) Acting in a secondary role(937)</p>	<p>Examples: Medicaid Application assistance(913) Medicaid Outreach(911/912) Medicaid Prior Auth Review(917)</p>	<p>Examples: Rep Payee(926) Other unallowable activities(935) CM and discharge planning services provided to an inpatient of a hospital (955) Client Support(927)</p>

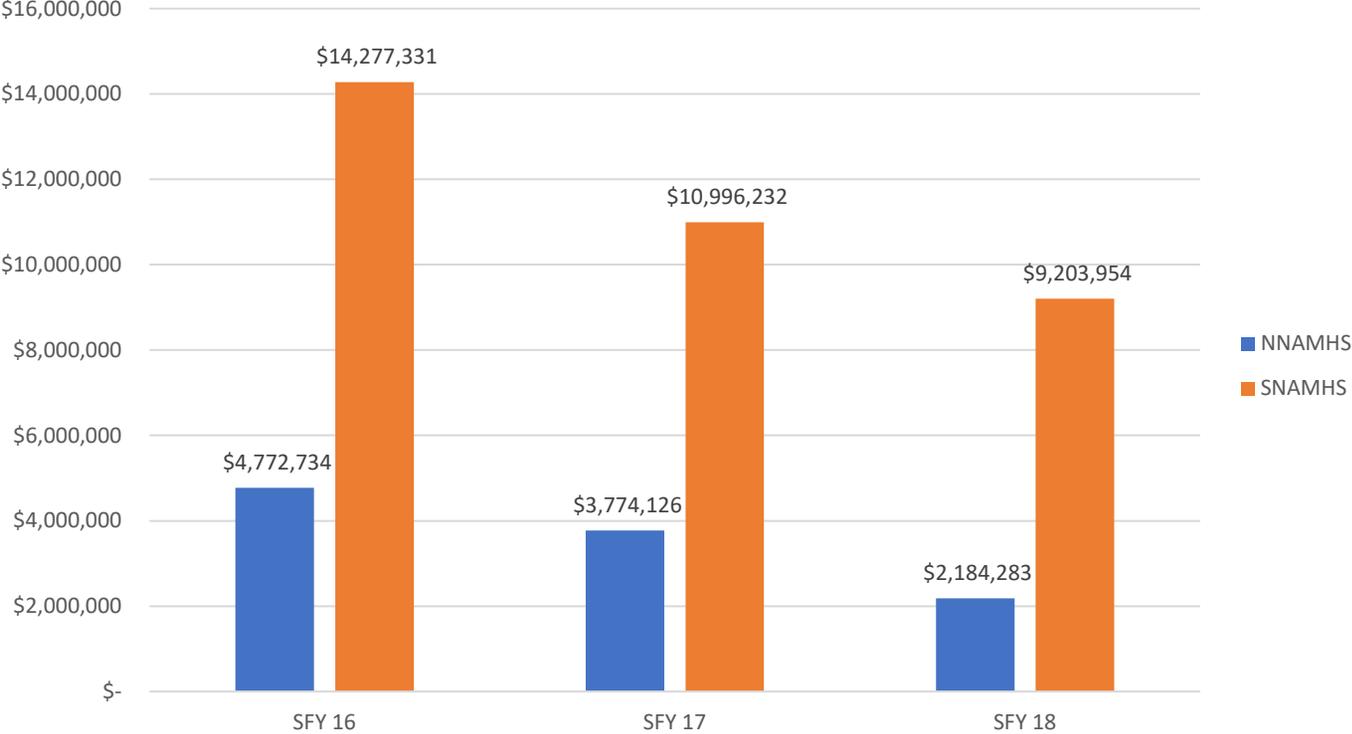
Medicaid Rate Setting Process/Settlement

- Determine the allowable cost of each program - provided by AlloCap.
- Determine the total billable services provided to all clients in each program.
- Establish a cost based rate for each billable service.
 - Example:
 - Med Clinic allowable costs are \$1,000*
 - 5 psychiatric evaluation services were provided*
 - The cost based rate for the psychiatric service is \$200.*

Medicaid Rate Setting Process/Settlement (cont.)

- Apply the cost based rate to each service provided to a Medicaid client
- Multiply the total by the appropriate FMAP amount
- Subtract the FMAP only amount from the amount DHCFP/Medicaid has already paid for the services
- The result is the settlement amount
- DHCFP/Medicaid will pay DPBH the difference if the total is positive or DPBH will refund Medicaid if the total is negative.

Med Clinic Costs SFY 16 - SFY18



Med Clinic Costs SFY 18

NNAMHS Med Clinic costs example

NOTE: This example does not encompass all costs associated with the Med Clinic

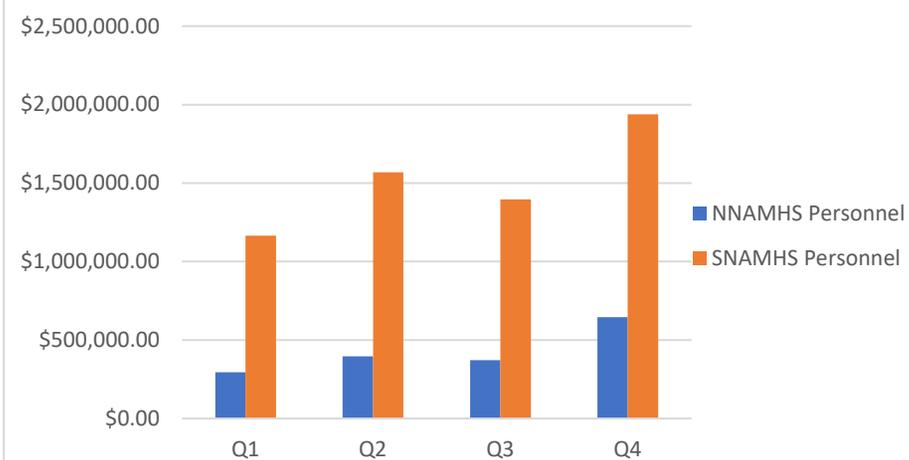
Q1	Q2	Q3	Q4	Total FY 18				
Personnel	\$293,816.39	Personnel	\$395,778.49	Personnel	\$371,116.07	Personnel	\$646,653.23	\$1,707,364.18
Operating	\$5,657.78	Operating	\$12,090.32	Operating	\$13,147.42	Operating	\$15,248.59	\$46,144.11
Information Services	\$5,299.56	Information Systems	\$2,606.56	Information Systems	\$2,177.82	Information Systems	\$11,042.91	\$21,126.85
Utilities	\$5,756.89	Utilities	\$6,570.61	Utilities	\$4,600.56	Utilities	\$9,942.76	\$26,870.82

Med Clinic Costs SFY 18

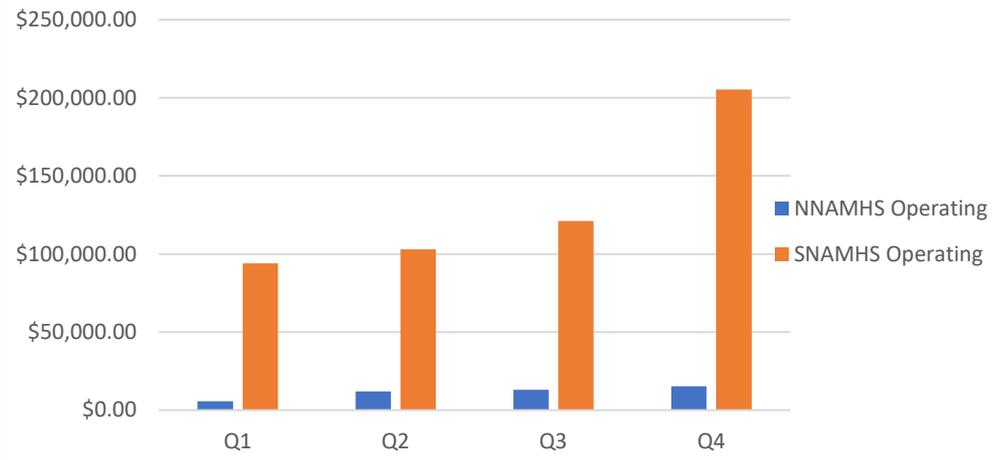
SNAMHS Med Clinic costs example

Q1	Q2	Q3	Q4	Total FY 18				
Personnel	\$1,165,762.64	Personnel	\$1,568,390.36	Personnel	\$1,397,347.69	Personnel	\$1,937,454.48	\$6,068,955.17
Operating	\$94,007.43	Operating	\$102,940.36	Operating	\$121,210.53	Operating	\$205,325.10	\$523,483.42
Information Systems	\$28,589.06	Information Systems	\$33,699.78	Information Systems	\$10,205.85	Information Systems	\$47,618.62	\$120,113.31
Utilities	\$32,273.85	Utilities	\$23,046.82	Utilities	\$19,289.22	Utilities	\$37,597.55	\$112,207.44

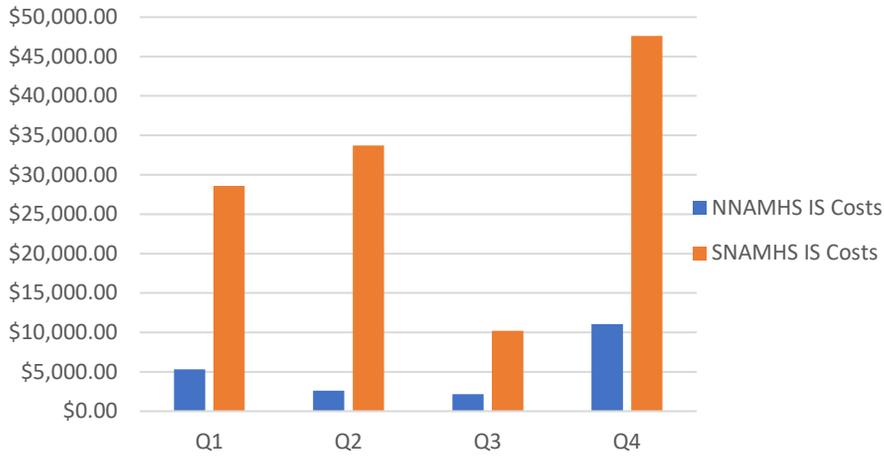
Personnel Costs



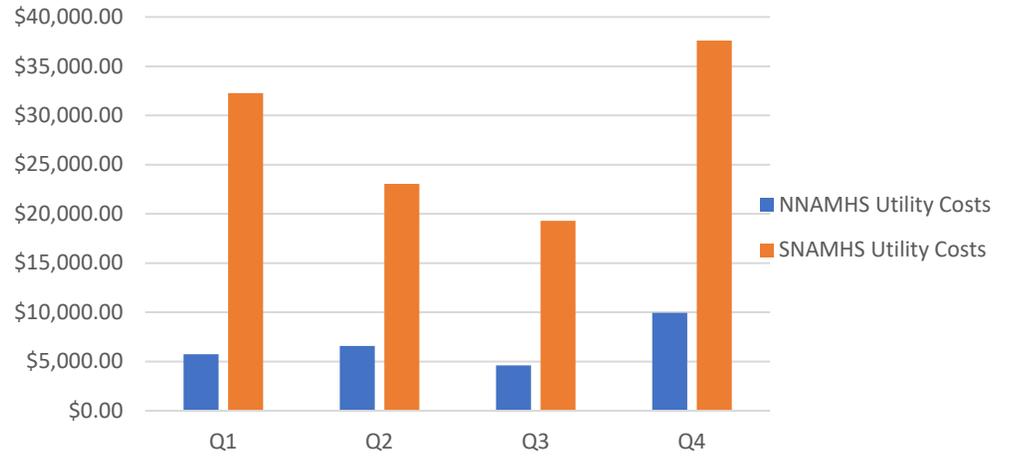
Operating Costs



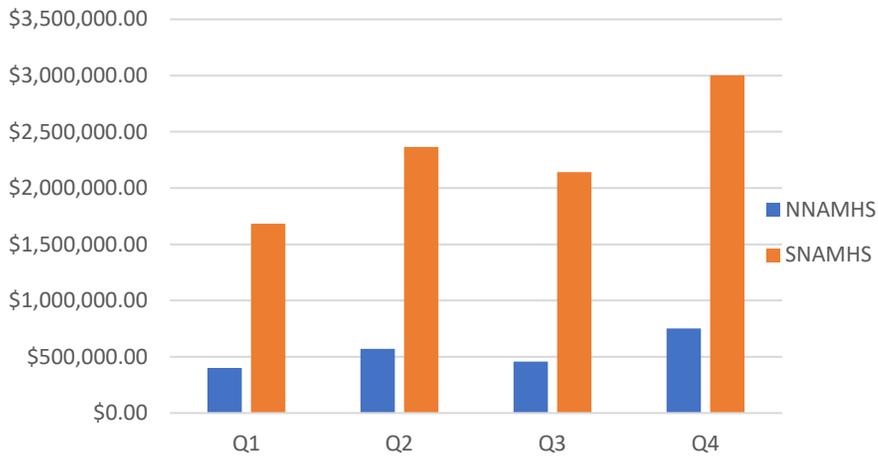
Information System Costs



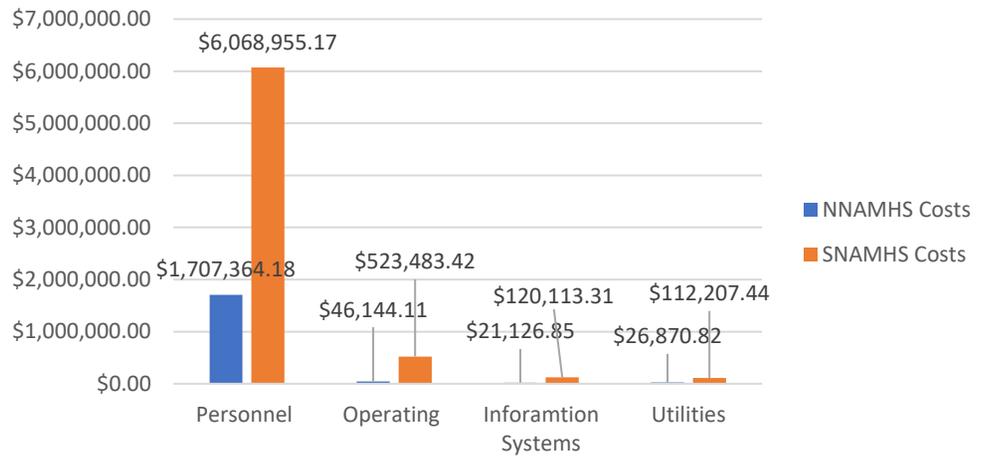
Utility Costs



Total Costs FY 18



Total FY 18 Costs

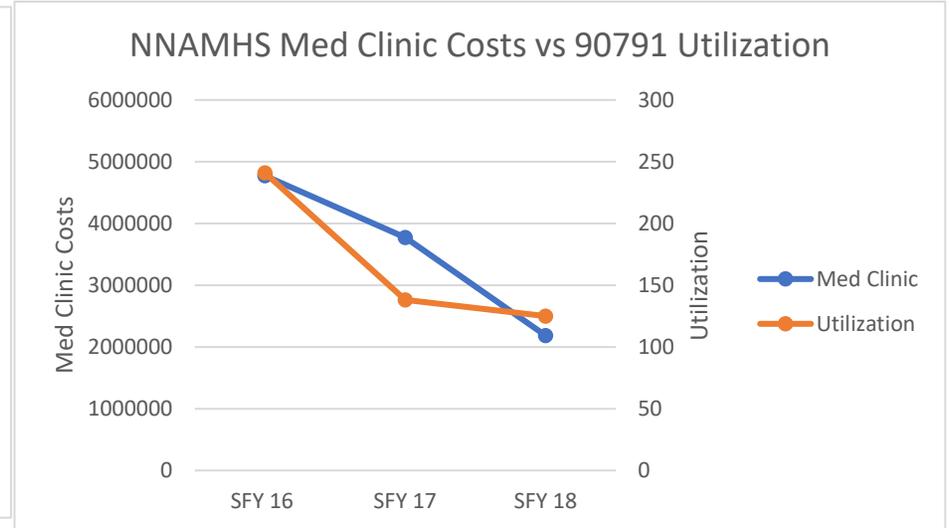
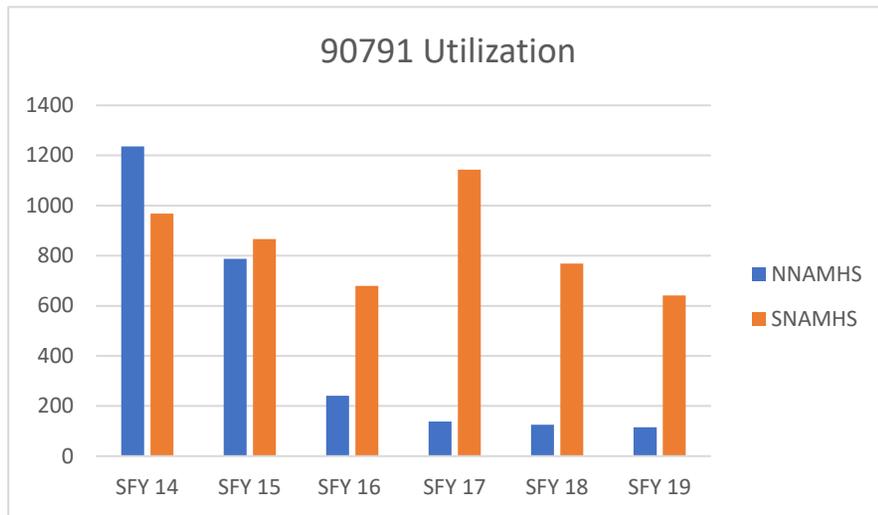


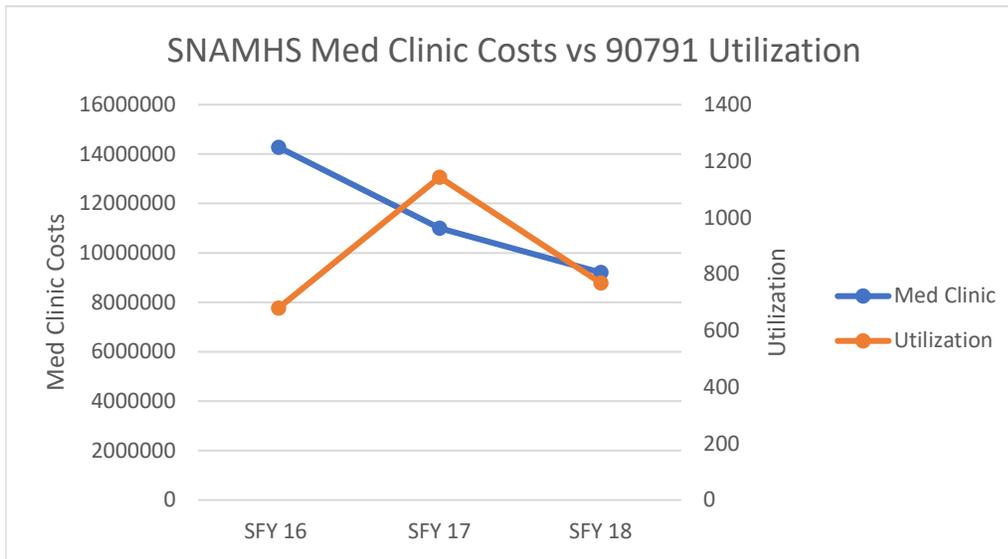
Utilization by Service

Description

Diagnostic Evaluation - No Medical

		SNAMHS					
Code	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	
90791	968	866	680	1143	769	642	
		NNAMHS					
Code	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	
90791	1236	788	241	138	125	115	





NNAMHS

Current Procedural Terminology code 90791
 SFY 17 total utilization - 138
 SFY 18 total utilization - 125
 SFY 19 total utilization - 115

Rate charged for 90791 in SFY 15 - \$530.99
 Rate charged for 90791 in SFY 20 - \$688.89

SNAMHS

Current Procedural Terminology code 90791
 SFY 17 total utilization - 1,143
 SFY 18 total utilization - 769
 SFY 19 total utilization - 642

Rate charged for 90791 in SFY 15 - \$176.31
 Rate charged for 90791 in SFY 20 - \$132.02

Although service utilization and program costs are both decreasing, if program costs do not decrease significantly it can result in the cost of service increasing.



DATE: December 6, 2019

TO: Dr. Lisa Durette, Chair
Commission on Behavioral Health

FROM: Tiffany Lewis, Rates and Cost Containment Manager
Fiscal Services

RE: Updated Fee Schedule and Schedule of Discounts for Inpatient and Outpatient Behavioral Health Services and Related Supplies for Northern Nevada Adult Mental Health Services (NNAMHS) and Southern Nevada Adult Mental Health Services (SNAMHS).

Updated Schedule of Discounts for Outpatient Behavioral Health Services and Related Supplies for the Department of Public and Behavioral Health, Rural Clinics (RC).

PURPOSE

The State of Nevada, Division of Public and Behavioral Health (DPBH), is requesting the State Board of Health to approve the updated cost-based fee schedule for Inpatient services and sliding fee schedules for Inpatient and Outpatient Behavioral Health services and related supplies pursuant to NRS 433.404. The sliding fee schedule will indicate a payment tier for patients based on their income.

The Department of Public and Behavioral Health provides Inpatient Behavioral Health Services in two of Nevada's Urban counties. There are two Inpatient Hospitals on the SNAMHS campus in Las Vegas, NV and two on the NNAMHS campus in Reno, NV.

Outpatient Behavioral Health services are provided in two of Nevada's Urban counties and in 12 of Nevada's rural and frontier counties. SNAMHS has five behavioral health clinics serving the community and rural southern Nevada. There are three urban clinics serving the Las Vegas Valley and two rural clinics serving Nevada's southern rural areas. There is one urban clinic at NNAMHS. RC provides a full array of Outpatient Behavioral Health services for adults and children in 16 clinics in 12 counties across Rural Nevada.

Inpatient services include:

- Acute Psychiatric
- Acute Crisis Stabilization
- Acute Medical Stabilization
- Forensic Psychiatric

Outpatient services include (some services may not be available at all locations):

- Outpatient Counseling
- Intensive Service
- Assisted Outpatient Treatment (AOT)
- Pre-commitment Evaluations for Individuals Involved in the Criminal Justice System
- Service Coordination
- Rehabilitative Mental Health (RMH) services
- Peer Support services
- Residential Support
- Medication Clinic
- Mobile Crisis Response Team
- Mental Health Court Forensic Assessment and Triage Team (FASTT)
- Mobile Outreach Safety Team (MOST)
- Juvenile Justice Assessment and Screening Triage Team (JJASTT)

HISTORY

DPBH Inpatient and Outpatient Behavioral Health Services receives funding from the following sources to provide mandated and optional services:

- Cost Based reimbursement through a Certified Public Expenditure contract with the Division of Health Care Financing and Policy for Medicaid Fee for Service eligible clients.
- Insurance Payers, both Public and Private
- Grant Funding for Select Programs

STAFF REVIEW

Attached are the updated fee schedule and schedule of discounts for Inpatient, Outpatient and related supplies provided by agency staff. The list is inclusive of all services and supplies purchased by the program in the most recent operating years. The fee schedule indicates Current Procedural Terminology (CPT) and Service codes, suggested fee to be billed to private insurance, and suggested fee to be billed to clients indicating the need to private pay for care. Outpatient fee schedules are updated annually. Inpatient fee schedules and the schedule of discounts for Inpatient and Outpatient services have not been updated since 2014.

Facilities and clinics maintain a schedule of discounts, to determine a patient's ability to pay for services and supplies received in an Inpatient or Outpatient setting, based on an income verification process.

The schedule of discounts will indicate a payment tier for patients based on their income. Income between 200%-300% of the Federal Poverty Level will be tiered as outlined in the attached document.

DPBH currently uses a cost analysis methodology to determine the Cost Based Rate for each service. This analysis includes review of items such as salaries of staff, administrative costs, supply costs, and service utilization numbers. The analysis then yields the average cost per service.

Due to the length of time since the last Inpatient fee schedule and schedule of discount updates in 2014, and the significant increase in costs and resulting fee calculations, it is recommended to start the new rates paid by private pay clients at 50% of the fee schedule with the intention of gradually increasing fees in subsequent years.

STAFF RECOMMENDATIONS

Due to the significant increase in costs since fees were last adjusted, an increase by a maximum of 50% of adjusted cost is recommended for private pay clients. Fully Insured clients who do not qualify for the sliding fee schedule will pay their patient responsibility as determined by their Insurance Carrier. Rates will be updated on an annual basis after reconciliation of the Cost Allocation Plan.

NEVADA MENTAL HEALTH SERVICES

EFFECTIVE 1/11/2019

FINANCIAL ELIGIBILITY FOR SERVICES AND REDUCED FEES (SLIDING FEE AND BENEFIT SCALE)

Minimum Based on 200% of Federal Poverty Level Guidelines (2018)
 Maximum Based on 300% of Federal Poverty Level Guidelines (2018)

Scale is applicable to all mental health services including inpatient, outpatient, medication clinic, service coordination and psychosocial rehabilitation.

1 FAMILY MEMBER

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
\$0	\$24,979	0%
\$24,980	\$26,367	10%
\$26,368	\$27,755	20%
\$27,756	\$29,142	30%
\$29,143	\$30,530	40%
\$30,531	\$31,918	50%
\$31,919	\$33,306	60%
\$33,307	\$34,693	70%
\$34,694	\$36,081	80%
\$36,082	\$37,469	90%
\$37,470	& UP	100%

5 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
\$0	\$60,339	0%
\$60,340	\$63,691	10%
\$63,692	\$67,043	20%
\$67,044	\$70,396	30%
\$70,397	\$73,748	40%
\$73,749	\$77,100	50%
\$77,101	\$80,452	60%
\$80,453	\$83,805	70%
\$83,806	\$87,157	80%
\$87,158	\$90,509	90%
\$90,510	& UP	100%

2 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
\$0	\$33,819	0%
\$33,820	\$35,698	10%
\$35,699	\$37,577	20%
\$37,578	\$39,456	30%
\$39,457	\$41,335	40%
\$41,336	\$43,213	50%
\$43,214	\$45,092	60%
\$45,093	\$46,971	70%
\$46,972	\$48,850	80%
\$48,851	\$50,729	90%
\$50,730	& UP	100%

6 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
\$0	\$69,179	0%
\$69,180	\$73,022	10%
\$73,023	\$76,866	20%
\$76,867	\$80,709	30%
\$80,710	\$84,552	40%
\$84,553	\$88,396	50%
\$88,397	\$92,239	60%
\$92,240	\$96,082	70%
\$96,083	\$99,926	80%
\$99,927	\$103,769	90%
\$103,770	& UP	100%

3 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
\$0	\$42,659	0%
\$42,660	\$45,029	10%
\$45,030	\$47,399	20%
\$47,400	\$49,769	30%
\$49,770	\$52,139	40%
\$52,140	\$54,509	50%
\$54,510	\$56,879	60%
\$56,880	\$59,249	70%
\$59,250	\$61,619	80%
\$61,620	\$63,989	90%
\$63,990	& UP	100%

7 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
\$0	\$78,019	0%
\$78,020	\$82,353	10%
\$82,354	\$86,688	20%
\$86,689	\$91,022	30%
\$91,023	\$95,357	40%
\$95,358	\$99,691	50%
\$99,692	\$104,026	60%
\$104,027	\$108,360	70%
\$108,361	\$112,695	80%
\$112,696	\$117,029	90%
\$117,030	& UP	100%

4 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
\$0	\$51,499	0%
\$51,500	\$54,360	10%
\$54,361	\$57,221	20%
\$57,222	\$60,082	30%
\$60,083	\$62,943	40%
\$62,944	\$65,805	50%
\$65,806	\$68,666	60%
\$68,667	\$71,527	70%
\$71,528	\$74,388	80%
\$74,389	\$77,249	90%
\$77,250	& UP	100%

8 FAMILY MEMBERS

Combined Gross Family Income		SLIDING FEE SCALE % OF BILLED RATE
\$0	\$86,859	0%
\$86,860	\$91,685	10%
\$91,686	\$96,510	20%
\$96,511	\$101,336	30%
\$101,337	\$106,161	40%
\$106,162	\$110,987	50%
\$110,988	\$115,812	60%
\$115,813	\$120,638	70%
\$120,639	\$125,463	80%
\$125,464	\$130,289	90%
\$130,290	& UP	100%

Service/Procedure	Current Rate	Proposed Fee	New Sliding Fee Schedule effective 1/1/20 **100%
NNAMHS Inpatient Hospital Adult			
102: 2 - ROOM & BED CHARGE	\$805.45	\$949.40	\$474.70
104: 2 - SUBSEQUENT CARE/FOCUSED: 99231	\$44.00	\$52.69	\$26.35
104: 2 - SUBSEQUENT CARE/FOCUSED: 99232	\$66.00	\$96.84	\$48.42
104: 2 - SUBSEQUENT CARE/FOCUSED: 99233	\$88.00	\$140.04	\$70.02
106: 2 - HOSPITAL DISCHARGE SERVICES: 99238	\$44.00	\$97.31	\$48.66
106: 2 - HOSPITAL DISCHARGE SERVICES: 99239	\$66.00	\$144.31	\$72.15
110: 2 - INPATIENT PSYCHIATRIC EVAL: 90792	\$210.00	\$196.05	\$98.03
90792: 90792 Psych Diag Eval w/ Med	\$412.65	\$196.05	\$98.03
99233: 99233 HOSPITAL CARE HIGH COMPLEXITY	\$88.00	\$140.04	\$70.02
99234: 99234 IP E&M AD&DIS SAME DAY LOW	\$88.00	\$178.96	\$89.48
99235: 99235 IP E&M AD&DIS SAME DAY MOD	\$88.00	\$226.91	\$113.45
99236: 99236 IP E&M AD&DIS SAME DAY HIGH	\$88.00	\$292.41	\$146.21

SNAMHS Inpatient Hospital Adult

100: 1 - INPATIENT PSYCHIATRIC EVAL.: 90792	\$227.00	\$238.75	\$119.37
101: 1 - ROOM & BED CHARGE	\$642.67	\$1,156.16	\$578.08
103: 1 - SUBSEQUENT CARE/FOCUSED: 99231	\$44.00	\$64.17	\$32.08
103: 1 - SUBSEQUENT CARE/FOCUSED: 99232	\$66.00	\$117.93	\$58.96
103: 1 - SUBSEQUENT CARE/FOCUSED: 99233	\$88.00	\$170.53	\$85.27
105: 1 - HOSPITAL DISCHARGE SERVICES: 99238	\$44.00	\$118.51	\$59.25
105: 1 - HOSPITAL DISCHARGE SERVICES: 99239	\$66.00	\$175.74	\$87.87
90791: 90791 Psych Diag Eval	\$156.40	\$212.73	\$106.37
9083X: 9083X Psychotherapy (90832,90834,90837): 90832	\$59.82	\$103.48	\$51.74
9083X: 9083X Psychotherapy (90832,90834,90837): 90834	\$76.59	\$137.58	\$68.79
9083X: 9083X Psychotherapy (90832,90834,90837): 90837	\$115.00	\$206.38	\$103.19
90853: 90853 Group Counseling	\$22.52	\$41.62	\$20.81
96101: PSYCHOLOGICAL TEST - PHD/MD	\$80.09	\$130.07	\$65.03
96102: PSYCHOLOGICAL TESTING TECHNICIAN	\$56.63	\$101.16	\$50.58
99231: 99231 HOSPITAL CARE LOW COMPLEXITY	\$44.00	\$64.17	\$32.08
99232: 99232 HOSPITAL CARE MOD COMPLEXITY	\$66.00	\$117.93	\$58.96
99233: 99233 HOSPITAL CARE HIGH COMPLEXITY	\$88.00	\$170.53	\$85.27

** NOTE: The full rate on the new fee schedule is reduced by 50% to set the top tier of the sliding fee schedule, rates are then reduced by 10% percent increments to set the rates for the remaining tiers.

Service/Procedure

Current Rate

New Sliding Fee Schedule effective 1/1/20

Code	Rurals	NNAMHS	SNAMHS
90785	\$28.61	\$20.30	\$40.66
90791	\$280.52	\$688.89	\$132.02
90791GT	\$280.52	\$688.89	\$132.02
90792	\$283.07	\$227.17	\$568.71
90792GT	\$283.07	\$227.17	\$568.71
90832	\$130.80	\$346.32	\$65.68
90832GT	\$130.80	\$346.32	\$65.68
90833	\$110.08	\$77.47	\$98.40
90834	\$181.97	\$451.38	\$81.51
90834GT	\$181.97	\$451.38	\$81.51
90836	\$61.72	\$88.95	\$61.72
90837	\$269.52	\$666.02	\$125.46
90837GT	\$269.52	\$666.02	\$125.46
90838	\$162.18	No Rate	\$515.78
90839	\$270.16	\$553.57	\$261.59
90840	\$122.22	\$400.93	\$58.25
90846	\$209.80	\$204.56	\$92.67
90847	\$220.47	\$520.98	\$99.39
90849	No Rate	\$28.53	\$36.44
90853	\$53.91	\$137.43	\$24.95
96111	No Rate	\$121.50	\$121.50
96116	\$249.50	\$158.00	\$341.00
96121	\$249.50	\$158.00	\$341.00
96125	\$119.67	\$119.67	\$116.43
96130	\$139.86	\$90.09	\$68.36
96131	\$139.86	\$90.09	\$68.36
96132	\$139.86	\$90.09	\$68.36
96133	\$139.86	\$90.09	\$68.36

Rural Clinics **100%	NNAMHS **100%	SNAMHS **100%
\$14.31	\$10.15	\$20.33
\$140.26	\$344.44	\$66.01
\$140.26	\$344.44	\$66.01
\$141.54	\$113.58	\$284.35
\$141.54	\$113.58	\$284.35
\$65.40	\$173.16	\$32.84
\$65.40	\$173.16	\$32.84
\$55.04	\$38.74	\$49.20
\$90.99	\$225.69	\$40.75
\$90.99	\$225.69	\$40.75
\$30.86	\$44.48	\$30.86
\$134.76	\$333.01	\$62.73
\$134.76	\$333.01	\$62.73
\$81.09	No Rate	\$257.89
\$135.08	\$276.78	\$130.80
\$61.11	\$200.46	\$29.13
\$104.90	\$102.28	\$46.33
\$110.23	\$260.49	\$49.69
No Rate	\$14.27	\$18.22
\$26.95	\$68.72	\$12.47
No Rate	\$60.75	\$60.75
\$124.75	\$79.00	\$170.50
\$124.75	\$79.00	\$170.50
\$59.84	\$59.84	\$58.21
\$69.93	\$45.05	\$34.18
\$69.93	\$45.05	\$34.18
\$69.93	\$45.05	\$34.18
\$69.93	\$45.05	\$34.18

Service/Procedure

Current Rate

New Sliding Fee Schedule effective 1/1/20

Code	Rurals	NNAMHS	SNAMHS
96136	\$78.01	\$60.75	\$40.05
96137	\$78.01	\$60.75	\$40.05
96138	\$61.85	\$29.35	\$28.32
96139	\$61.85	\$29.35	\$28.32
96146	\$68.83	\$23.13	\$23.13
96372	\$44.02	\$36.65	\$76.57
97110	\$33.59	\$33.59	\$33.59
97150	\$17.84	\$17.84	\$26.05
97165	\$95.62	\$95.62	\$169.87
97166	\$95.62	\$95.62	\$169.87
97167	\$95.62	\$95.62	\$169.87
97168	\$63.57	\$63.57	\$70.88
97530	\$36.23	\$36.23	\$64.24
97535	\$36.19	\$36.19	\$73.83
99201	\$29.54	\$81.25	\$299.54
99204	\$302.76	\$256.53	\$629.96
99205	\$381.07	\$320.52	No Rate
99211	\$37.65	\$35.20	\$80.03
99212	\$76.33	\$67.12	\$172.80
99212GT	\$76.33	\$67.12	\$172.80
99213	\$144.06	\$125.59	\$263.41
99213GT	\$144.06	\$125.59	\$263.41
99214	\$212.08	\$165.66	\$378.05
99214GT	\$212.08	\$165.66	\$378.05
99215	\$276.98	\$263.20	\$474.96
99215GT	\$276.98	\$263.20	\$474.96
H0002	\$54.82	\$121.34	\$76.95
H0002GT	\$54.82	\$121.34	\$76.95
H0004	\$59.61	\$76.53	\$31.64

Rural Clinics **100%	NNAMHS **100%	SNAMHS **100%
\$39.01	\$30.38	\$20.03
\$39.01	\$30.38	\$20.03
\$30.93	\$14.68	\$14.16
\$30.93	\$14.68	\$14.16
\$34.42	\$11.57	\$11.57
\$22.01	\$18.33	\$38.29
\$16.80	\$16.80	\$16.80
\$8.92	\$8.92	\$13.02
\$47.81	\$47.81	\$84.93
\$47.81	\$47.81	\$84.93
\$47.81	\$47.81	\$84.93
\$31.79	\$31.79	\$35.44
\$18.12	\$18.12	\$32.12
\$18.10	\$18.10	\$36.91
\$14.77	\$40.62	\$149.77
\$151.38	\$128.26	\$314.98
\$190.54	\$160.26	No Rate
\$18.82	\$17.60	\$40.01
\$38.17	\$33.56	\$86.40
\$38.17	\$33.56	\$86.40
\$72.03	\$62.80	\$131.70
\$72.03	\$62.80	\$131.70
\$106.04	\$82.83	\$189.03
\$106.04	\$82.83	\$189.03
\$138.49	\$131.60	\$237.48
\$138.49	\$131.60	\$237.48
\$27.41	\$60.67	\$38.48
\$27.41	\$60.67	\$38.48
\$29.81	\$38.27	\$15.82

Service/Procedure

Current Rate

New Sliding Fee Schedule effective 1/1/20

Code	Rurals	NNAMHS	SNAMHS
H0004HQ	\$16.73	\$19.13	\$33.70
H0031	\$223.60	\$199.87	\$227.98
H0034	\$46.85	\$29.57	\$106.38
H0034TD	\$40.68	\$33.40	\$100.14
H0038	\$7.72	\$23.48	\$25.24
H0038HQ	\$33.11	\$22.67	\$18.29
H2011	\$81.01	\$168.95	\$50.75
H2011GT	\$81.01	\$168.95	\$58.49
H2011HT	\$81.58	\$86.80	\$34.51
H2014	\$49.79	\$48.48	\$22.98
H2014HQ	\$44.94	\$18.33	\$23.89
H2017	\$23.09	\$19.17	\$10.01
H2017HQ	\$24.06	\$15.61	\$10.63
Q3014	\$56.23	\$97.37	\$108.84
T1016	\$30.00	\$30.00	\$30.00
T1017	\$60.00	\$60.00	\$60.00

Rural Clinics **100%	NNAMHS **100%	SNAMHS **100%
\$8.37	\$9.57	\$16.85
\$111.80	\$99.94	\$113.99
\$23.42	\$14.79	\$53.19
\$20.34	\$16.70	\$50.07
\$3.86	\$11.74	\$12.62
\$16.55	\$11.34	\$9.15
\$40.50	\$84.48	\$25.37
\$40.50	\$84.48	\$29.24
\$40.79	\$43.40	\$17.25
\$24.89	\$24.24	\$11.49
\$22.47	\$9.17	\$11.94
\$11.55	\$9.58	\$5.01
\$12.03	\$7.80	\$5.31
\$28.12	\$48.69	\$54.42
\$15.00	\$15.00	\$15.00
\$30.00	\$30.00	\$30.00

** NOTE: The full rate on the new fee schedule is reduced by 50% to set the top tier of the sliding fee schedule, rates are then reduced by 10% percent increments to set the rates for the remaining tiers.