

City-Cowley County Health Department  
 Schedule of fees and discounts  
 Family Planning Program

<b>2022 FAMILY PLANNING SCHEDULE OF FEES AND DISCOUNTS</b>					
Calculated to reflect 25% increments					
Federal Poverty Level	100% OR LESS	101% TO 150%	151% TO 200%	201% TO 250%	GREATER THAN 250%
Schedule of Discounts	100%	75%	50%	25%	0%
Schedule of Fees	0% (No Charge)	Pays 25% of Charges	Pays 50% of Charges	Pays 75% of Charges	Pays 100% of Charges
<b><u>Service/Procedure</u></b>					
Annual Exam - 99215	\$0.00	\$26.25	\$52.50	\$78.75	\$105.00
Initial Exam - 99205	\$0.00	\$36.25	\$72.50	\$108.75	\$145.00
Consultation - 99213	\$0.00	\$10.00	\$20.00	\$30.00	\$40.00
Nurse Visit - 99212	\$0.00	\$8.75	\$17.50	\$26.25	\$35.00
STD Treatment - 99401	\$0.00	\$8.75	\$17.50	\$26.25	\$35.00
<b><u>Pharmaceuticals/Contraceptives</u></b>					
Condoms (per dozen) - A4267	\$0.00	\$1.25	\$2.50	\$3.75	\$5.00
Hormonal Injection (3 mth) - J1050	\$0.00	\$15.00	\$30.00	\$45.00	\$60.00
Nuvaring - J7303	\$0.00	\$16.25	\$32.50	\$48.75	\$65.00
Oral Contraceptives (per pack) - S4993	\$0.00	\$3.75	\$7.50	\$11.25	\$15.00
<b><u>Long-Acting Reversible Conception</u></b>					
IUD Insertion - 58300	\$0.00	\$15.00	\$30.00	\$45.00	\$60.00
Mirena (5 year) - J7298	\$0.00	\$250.00	\$500.00	\$750.00	\$1,000.00
Liletta (5 years) - J7297	\$0.00	\$187.50	\$375.00	\$562.50	\$750.00
IUD Removal - 58301	\$0.00	\$20.00	\$40.00	\$60.00	\$80.00
IUD Check - 99213	\$0.00	\$11.25	\$22.50	\$33.75	\$45.00
Nexplanon Removal - 11982	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00
<b><u>Laboratory</u></b>					
Chlamydia - 87491	\$0.00	\$13.75	\$27.50	\$41.25	\$55.00
Cholesterol - 82465	\$0.00	\$6.25	\$12.50	\$18.75	\$25.00
Glucose Screening - 82947	\$0.00	\$2.50	\$5.00	\$7.50	\$10.00
Gonorrhea - 87591	\$0.00	\$13.75	\$27.50	\$41.25	\$55.00
Hemoglobin Screening - 85018	\$0.00	\$2.50	\$5.00	\$7.50	\$10.00
Hemoglobin <b>A1C</b> Testing - 83036	\$0.00	\$5.00	\$10.00	\$15.00	\$20.00
Hep C Testing - 86803	\$0.00	\$7.50	\$15.00	\$22.50	\$30.00
HIV - 86689	\$0.00	\$8.75	\$17.50	\$26.25	\$35.00
Pap Smear - 88141	\$0.00	\$5.00	\$10.00	\$15.00	\$20.00
Pregnancy Test - 81025	\$0.00	\$3.75	\$7.50	\$11.25	\$15.00
Syphilis - 86592	\$0.00	\$3.75	\$7.50	\$11.25	\$15.00
Urinalysis - 81002	\$0.00	\$2.50	\$5.00	\$7.50	\$10.00

Charges must be based on a cost analysis of all services and supplies provided by the project.

A schedule of discounts must be developed and implemented with sufficient proportional increments so that inability to pay is never a barrier to service.

A schedule of discounts is required for individuals with family incomes between 101% and 250% of the Federal poverty level.

Clients whose documented income is at or below 100% of the Federal poverty level must not be charged.