

Harris Health System
P.O. Box 66769, Houston, Texas 77266-6769

MEMO

Date: March 5, 2024

To: Current Research Personnel
Harris Health Chiefs of Staff
Harris Health Administration
Affiliate Finance Leadership

From: Julie Thompson, PhD, Administrative Director
Research & Sponsored Programs

Subject: Harris Health System Research Fee Schedule 2024/2025

The fee schedule for Harris Health System services provided for research protocols has been updated and is attached. These fees are effective for financial agreements created after **March 15, 2024**

The column headings are defined as follows:

- “Government Discount Rate” is a discounted rate that will be used for research studies funded by the Federal Government that pay Facilities & Administrative (F&A) Rates (also known as indirect cost rates) in addition to fee for service.
- “Commercial Discount Rate” is a discounted rate that will be used for research studies funded by sponsoring agencies that pay F&A Rates in addition to fee for service.
- “Standard Non-Discount Rate” is a rate that will be used for research studies paying only fee for service.

All direct and indirect (facilities & administrative) costs incurred as a result of human subjects research conducted at Harris Health System facilities are due and payable to Harris Health and are the Principal Investigator’s (PI) responsibility to pay. PI’s with delinquent accounts may be subject to sanctions, including suspension or loss of research privileges at Harris Health and to the immediate termination of any protocol(s) in question.

These fees are effective for new financial agreements only. Current financial agreements will be honored for the life of the protocol. Researchers are encouraged to request an initial financial review of a proposed protocol during the preparation of the protocol budget. Harris Health will honor fees quoted during the financial review when the final financial agreement is negotiated.

Any request for services that are not on this fee schedule will be priced at the then-current Harris Health rate. Please contact Sara Ruppelt at sara.ruppelt@harrishealth.org with any questions. Thank you.

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

CPT	SERVICE	Government Rate Studies	Commercial Discount Rate	Standard Non-Discount Rate
INFORMATION TECHNOLOGY				
	INFORMATION TECHNOLOGY RESEARCH REPORT, PER HOUR	\$ 100.00	\$ 175.00	\$ 225.00
PULMONARY				
31622	BRONCHOSCOPY DIAGNOSTIC	\$ 1,617.14	\$ 2,425.71	\$ 1,947.00
31624	BRONCHO REGID&FLEX W/BRON ALVEO LAVAGE	\$ 1,617.14	\$ 2,425.71	\$ 1,947.00
31625	BRONCHOSCOPY WITH BIOPSY	\$ 1,617.14	\$ 2,425.71	\$ 3,192.00
31628	BRONCHOSCOPY W/LUNG BX W-W/O FLURO 1LOBE	\$ 3,568.05	\$ 5,352.08	\$ 3,489.00
31720	CATH ASPN NASOTRACHEAL	\$ 203.22	\$ 304.83	\$ 335.00
94010	SPIROMETRY	\$ 148.83	\$ 223.25	\$ 218.00
94060	SPIROMETRY W/BRONCHIALDILATION PRE/POST	\$ 299.06	\$ 448.59	\$ 421.00
94200	MAXIMUM BREATHING CAPACITY	\$ 58.28	\$ 87.42	\$ 225.00
94375	RESPIRATORY FLOW VOLUME LOOP	\$ 299.06	\$ 448.59	\$ 351.00
94375	RESPIRATORY FLOW VOLUME LOOP	\$ 299.06	\$ 448.59	\$ 351.00
94375	RESPIRATORY FLOW VOLUME LOOP	\$ 299.06	\$ 448.59	\$ 351.00
94618	PULMONARY STRESS TEST SIMPLE	\$ 121.71	\$ 182.57	\$ 1,100.00
94621	PULMONARY STRESS TEST COMPLEX	\$ 299.06	\$ 448.59	\$ 1,294.00
94640	SMALL VOLUME NEB TREAT	\$ 203.22	\$ 304.83	\$ 274.00
94664	EVALUATE PT USE OF AEROSOL GENERATOR, NEBULIZER, MDI	\$ 203.22	\$ 304.83	\$ 275.00
94726	PULM FUCT TST PLETHSMOGRAP	\$ 299.06	\$ 448.59	\$ 351.00
94727	PULM FUNCT TEST BY GAS DILUTION OR WASHOUT	\$ 148.83	\$ 223.25	\$ 351.00
94729	PULM FUNC DIFFUSING CAPACITY	\$ 66.12	\$ 99.18	\$ 282.00
94760	PULSE OXIMETRY SPOT CHECK	\$ 35.87	\$ 53.81	\$ 153.00
94762	PULSE OXIMETRY CONT. MONITORING	\$ 148.83	\$ 223.25	\$ 318.00
RADIOLOGY				
	CT CONTRAST AGENT (EST. RATES BASED ON PROTOCOLS)	\$ 105.90	\$ 105.90	\$ 105.90
	MRI CONTRAST AGENT (EST. RATES BASED ON 70 KG PATIENT)	\$ 99.60	\$ 99.60	\$ 99.60
19081	BX BREAST 1ST LESION STEREOTACTIC GUIDANCE	\$ 1,544.75	\$ 2,317.13	\$ 1,983.00
19082	BX BREAST ADD LESION STEREOTACTIC GUIDANCE	\$ 21.33	\$ 31.99	\$ 134.00
19083	BX BREAST 1ST LESION US IMAGINING	\$ 1,544.75	\$ 2,317.13	\$ 1,983.00
19084	BX BREAST ADD LESION US IMAGINING	\$ 20.05	\$ 30.08	\$ 126.00
19085	BX BREAST 1ST LESION MR IMAGINING	\$ 1,544.75	\$ 2,317.13	\$ 1,526.00
19086	BX BREAST ADD LESION MR IMAGINING	\$ 21.96	\$ 32.94	\$ 138.00
19100	BIOPSY BREAST NEEDLE CORE W/O IMAGE	\$ 1,544.75	\$ 2,317.13	\$ 1,983.00
19283	PERCUTANEOUS DEVICE BREAST 1ST LESION STEREOTACTIC GUIDANCE	\$ 670.36	\$ 1,005.54	\$ 843.00
49421	INSRT INTRAPER CANN/CATH/DIALYSIS PERM	\$ 3,296.34	\$ 4,944.51	\$ 8,290.00
49422	REMOVAL PERM INTRA/CANN/CATH	\$ 3,037.01	\$ 4,555.52	\$ 8,290.00
70450	CT HEAD W/O CONTRAST	\$ 104.75	\$ 157.13	\$ 1,856.00
70460	CT HEAD W/CONTRAST	\$ 175.06	\$ 262.59	\$ 2,137.00
70470	CT HEAD W & W/O CONTRAST	\$ 175.06	\$ 262.59	\$ 2,565.00
70492	CT SOFT TISSUE NECK W & W/O CONTRAST	\$ 175.06	\$ 262.59	\$ 2,787.00
70496	CT HEAD ANGIOGRAM W-W/O CONTRAST	\$ 175.06	\$ 262.59	\$ 3,302.00
70498	CT NECK ANGIOGRAM W-W/O CONTRAST	\$ 175.06	\$ 262.59	\$ 3,522.00
70540	MRI FACE, NECK, ORBIT	\$ 233.47	\$ 350.21	\$ 4,313.00
70543	MRI ORBIT,FACE AND NECK W/O & W CNTRST	\$ 366.42	\$ 549.63	\$ 5,709.00

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

70551	MRI BRAIN W/O CONTRAST	\$ 233.47	\$ 350.21	\$ 4,029.00
70552	MRI BRAIN W/ CONTRAST	\$ 366.42	\$ 549.63	\$ 4,632.00
70553	MRI BRAIN W & W/O CONTRAST	\$ 366.42	\$ 549.63	\$ 5,563.00
71045	CHEST 1 VIEW	\$ 86.58	\$ 129.87	\$ 251.00
71046	CHEST 2 VIEWS	\$ 86.58	\$ 129.87	\$ 292.00
71047	CHEST 2VWS W/APICAL LORDOTIC PROCEDURE	\$ 86.58	\$ 129.87	\$ 429.00
71250	CT CHEST W/O CONTRAST	\$ 104.75	\$ 157.13	\$ 1,932.00
71260	CT CHEST W/CONTRAST	\$ 175.06	\$ 262.59	\$ 2,221.00
71270	CT CHEST W & W/O CONTRAST	\$ 175.06	\$ 262.59	\$ 2,669.00
71275	CTA CHEST W&W/O CONTRAST MAT	\$ 175.06	\$ 262.59	\$ 3,468.00
71550	MRI CHEST/MEDIASTINAL W/O CONTRAST	\$ 233.47	\$ 350.21	\$ 4,167.00
71551	MRI CHEST WITH CONTRAST	\$ 762.88	\$ 1,144.32	\$ 4,792.00
71552	MRI CHEST W/O & W CONTRAST	\$ 366.42	\$ 549.63	\$ 5,751.00
72127	CT C-SPINE W&W/O CONTRST & FURTHER SECT	\$ 175.06	\$ 262.59	\$ 3,324.00
72141	MRI CERVICAL SPINE W/O CONTRAST	\$ 233.47	\$ 350.21	\$ 4,111.00
72142	MRI CERVICAL SPINE W/CONTRAST	\$ 366.42	\$ 549.63	\$ 4,729.00
72146	MRI THORACIC SPINE W/O CONTRAST	\$ 233.47	\$ 350.21	\$ 4,483.00
72147	MRI THORACIC SPINE W/CONTRAST	\$ 366.42	\$ 549.63	\$ 5,156.00
72148	MRI LUMBAR SPINE W/O CONTRAST	\$ 233.47	\$ 350.21	\$ 4,261.00
72149	MRI LUMBAR SPINE W/CONTRAST	\$ 366.42	\$ 549.63	\$ 4,898.00
72156	MRI CERVICAL SPINE W/O-W CONTRAST	\$ 366.42	\$ 549.63	\$ 5,674.00
72157	MRI THORACIC SPINE W/O-W CONTRAST	\$ 366.42	\$ 549.63	\$ 6,187.00
72158	MRI LUMBAR SPINE W/O-W CONTRAST	\$ 366.42	\$ 549.63	\$ 5,879.00
72192	CT PELVIS W/O CONTRAST	\$ 104.75	\$ 157.13	\$ 2,013.00
72193	CT PELVIS W/CONTRAST	\$ 175.06	\$ 262.59	\$ 2,317.00
72194	CT PELVIS W & W/O CONTRAST	\$ 175.06	\$ 262.59	\$ 2,779.00
72195	MRI PELVIS W/O CONTRAST	\$ 233.47	\$ 350.21	\$ 4,205.00
72196	MRI PELVIS W/CONTRAST	\$ 366.42	\$ 549.63	\$ 4,838.00
72197	MRI PELVIS WITH AND W/O CONTRAST	\$ 366.42	\$ 549.63	\$ 5,804.00
72198	MRI ANGIO PELVIS W-W/O CONTRAST	\$ 656.35	\$ 984.52	\$ 4,124.00
73110	WRIST 3 VIEWS MIN	\$ 86.58	\$ 129.87	\$ 292.00
73201	CT EXTREMITY UPPER W/CONTRAST	\$ 366.42	\$ 549.63	\$ 1,698.00
73220	MRI UPPER EXTREMITY W/O-W CONTRAST	\$ 366.42	\$ 549.63	\$ 3,702.00
73222	MRI JNT UPPER EXTRE W/CONTRAST	\$ 762.88	\$ 1,144.32	\$ 3,462.00
73700	CT EXTREMITY LOWER W/O CONTRAST	\$ 104.75	\$ 157.13	\$ 1,498.00
73701	CT EXTREMITY LOWER W/CONTRAST	\$ 175.06	\$ 262.59	\$ 1,724.00
74018	ABDOMEN (KUB) (74000)	\$ 86.58	\$ 129.87	\$ 229.00
74150	CT ABDOMEN W/O CONTRAST	\$ 104.75	\$ 157.13	\$ 2,498.00
74160	CT ADBOMEN W/CONTRAST	\$ 175.06	\$ 262.59	\$ 2,876.00
74170	CT ABDOMEN W & W/O CONTRAST	\$ 175.06	\$ 262.59	\$ 3,447.00
74175	CT ANGIO ABDOMEN WITH CONTRAST	\$ 175.06	\$ 262.59	\$ 846.00
74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST	\$ 233.47	\$ 350.21	\$ 4,511.00
74177	CT ABDOMEN & PELVIS WITH CONTRAST	\$ 366.42	\$ 549.63	\$ 5,193.00
74178	CT ABDOMEN & PELVIS, 1 OR MORE SECTIONS/BODY REGIONS	\$ 366.42	\$ 549.63	\$ 6,226.00
74181	MRI ABDOMEN W/O CONTRAST	\$ 233.47	\$ 350.21	\$ 4,684.00
74182	MRI ABDOMEN WITH CONTRAST	\$ 366.42	\$ 549.63	\$ 5,387.00
74183	MRI ABDOMEN W/O AND W CONTRAST	\$ 366.42	\$ 549.63	\$ 6,466.00

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

74190	PERITONEOGRAM RAD S&I	\$ 525.63	\$ 788.45	\$ 716.00
74230	ESOPHAGUS SHALLOW W/CINE/VIDEO	\$ 175.06	\$ 262.59	\$ 663.00
75572	CT HRT W/3D IMAGE	\$ 175.06	\$ 262.59	\$ 323.00
75574	CT ANGIO HRT W/3D IMAGE	\$ 175.06	\$ 262.59	\$ 323.00
75743	ANGIOGRAM PULMONARY BILATERAL SELECTIVE	\$ 3,037.01	\$ 4,555.52	\$ 4,954.00
75820	VENOGRAM EXTREMITY UNILATERAL	\$ 1,525.93	\$ 2,288.90	\$ 1,243.00
75822	VENOGRAM EXTREMITY BILATERAL	\$ 1,525.93	\$ 2,288.90	\$ 1,446.00
76000	FLUROSCOPY 1 HR OR LESS	\$ 233.47	\$ 350.21	\$ 328.00
76000	FLUOROSCOPY 1 HOUR OR LESS 76000	\$ 233.47	\$ 350.21	\$ 328.00
76499	PORTABLE ULTRASOUND	\$ 86.58	\$ 129.87	\$ -
76641	ULTRASOUND BREAST (S)	\$ 104.75	\$ 157.13	\$ 614.00
76642	ULTRASOUND BREAST UNILATERAL LIMITED	\$ 86.58	\$ 129.87	\$ 135.00
76700	ULTRASOUND ABDOMEN	\$ 104.75	\$ 157.13	\$ 824.00
76770	ULTRASOUND RENAL,AORTA,NODES	\$ 104.75	\$ 157.13	\$ 787.00
76881	US COMPLETE JOINT REAL TIME W/IMAGE DOCUMENTATION	\$ 104.75	\$ 157.13	\$ 153.00
76942	ULTRASOUND GUIDANCE BIOPSY S & I	\$ 186.05	\$ 279.07	\$ 1,169.00
77002	FLUOROSCOPIC LOCALIZATION NEEDLE BIOPSY/ASPI	\$ 70.66	\$ 106.00	\$ 444.00
77012	CT GUIDANCE FOR NEEDLE BIOPSY	\$ 316.40	\$ 474.59	\$ 1,988.00
77021	MR GUID NDLE PLCMT/BX/APIR/INJ/LOCALIZA	\$ 316.55	\$ 474.83	\$ 1,989.00
77046	MRI BREAST C- UNILATERAL	\$ 233.47	\$ 350.21	\$ 345.00
77047	MRI BREAST C- BILATERAL	\$ 233.47	\$ 350.21	\$ 345.00
77065	DIAGNOSTIC MAMMOGRAPHY UNILATERAL INCL CAD WHEN PERFORMED	\$ 86.18	\$ 129.27	\$ 135.00
77066	DIAGNOSTIC MAMMOGRAPHY BILATERAL INCL CAD WHEN PERFORMED	\$ 110.62	\$ 165.93	\$ 303.00
77067	SCREENING MAMMOGRAPHY BILATERAL INCL CAD WHEN PEFORMED	\$ 91.11	\$ 136.67	\$ 139.00
77075	BONE/SKELETAL SURVEY COMPLETE	\$ 104.75	\$ 157.13	\$ 441.00
77080	BONE DENSITY DUAL ENERGY ABSORPTION(DXA)	\$ 104.75	\$ 157.13	\$ 564.00
77081	DEXA BONE DENSITY/PERIPHERAL 1+ SITES (RADIUS, WRIST, HEEL)	\$ 86.58	\$ 129.87	\$ 66.00
77290	SIMULATION; COMPLEX (CT SIM)	\$ 352.05	\$ 528.08	\$ 2,865.00
77300	BASIC DOSIMETRY CALC	\$ 126.79	\$ 190.19	\$ 439.00
77301	IMRT/CONFORMAL RTH PLAN	\$ 1,320.21	\$ 1,980.32	\$ 3,940.00
77334	TX DEVICES; COMPLEX	\$ 352.05	\$ 528.08	\$ 1,017.00
77338	MLC DEVISE(S) FOR IMRT	\$ 352.05	\$ 528.08	\$ 395.00
77373	STEREO RT DELIVERY, 1 OR MORE LESIONS, 5 OR LESS FRACTIONS	\$ 1,700.12	\$ 2,550.18	\$ 2,399.00
78104	BONE MARROW WHOLE BODY SCAN	\$ 392.97	\$ 589.46	\$ 2,333.00
78300	BONE &/OR JOINT IMAGING LIMITED	\$ 392.97	\$ 589.46	\$ 1,096.00
78306	BONE &/OR JOINT IMAGING WHOLE BODY	\$ 392.97	\$ 589.46	\$ 1,452.00
78315	THREE PHASE BONE SCAN	\$ 392.97	\$ 589.46	\$ 1,548.00
78472	CARDIAC BLOOD POOL IMAGE GATED STUDY (PROSOLVE)	\$ 392.97	\$ 589.46	\$ 1,461.00
78582	LUNG VENTILAT & PERFUS IMAGING	\$ 514.99	\$ 772.49	\$ 1,935.00
78803	TUMOR LOCALIZATION TOMOGRAPHIC (SPECT)	\$ 1,352.93	\$ 2,029.40	\$ 1,980.00
78811	PET IMAGE, LTD AREA	\$ 1,352.93	\$ 2,029.40	\$ 1,888.00
78812	PET IMAGE, SKULL-THIGH	\$ 1,490.60	\$ 2,235.90	\$ 1,888.00
78813	PET IMAGE, FULL BODY	\$ 1,490.60	\$ 2,235.90	\$ 1,888.00
78814	PET IMAGE W/CT, LMTD	\$ 1,490.60	\$ 2,235.90	\$ 1,888.00
78815	PET IMAGE W/CT, SKULL-THIGH	\$ 1,490.60	\$ 2,235.90	\$ 1,888.00
78816	PET IMAGE W/CT, FULL BODY	\$ 1,490.60	\$ 2,235.90	\$ 1,888.00
93925	DUPLEX LOWER EXTREMITY ARTERIAL BIL COMP	\$ 233.47	\$ 350.21	\$ 1,523.00

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

93930	DUPLEX SCAN UPPER EXT ARTS COMP BIL	\$ 233.47	\$ 350.21	\$ 1,499.00
93931	DUPLEX UPPER EXTREMITY ARTIAL UNI/LTD	\$ 104.75	\$ 157.13	\$ 779.00
93970	DUPLEX SCAN EXTREMITY VEINS COMP BIL	\$ 233.47	\$ 350.21	\$ 1,465.00
CARDIOLOGY				
93005	12 LEAD EKG; TRACING ONLY	\$ 58.28	\$ 87.42	\$ 196.00
93017	STRESS TREADMILL - TRACING ONLY (PROSOLVE)	\$ 299.06	\$ 448.59	\$ 1,128.00
93225	ECG UP TO 48 HRS RECORDING	\$ 121.71	\$ 182.57	\$ 120.00
93306	ECHOCARDIOGRAM 2-D W/O CONTRAST (PROSOLVE)	\$ 525.63	\$ 788.45	\$ 784.00
93307	ECHOCARDIOGRAM 2-D W/CONTRAST	\$ 233.47	\$ 350.21	\$ 1,613.00
93308	ECHOCARDIOGRAM 2-D W/CONTRAST FOLLOW UP (PROSOLVE)	\$ 233.47	\$ 350.21	\$ 902.00
93321	ECHOCARDIOGRM DOPPLER FOL-UP (PROSOLVE)	\$ 182.52	\$ 273.78	\$ 572.00
93350	ECG +TRANSTHORACIC 2-D STRESS (PROSOLVE)	\$ 525.63	\$ 788.45	\$ 2,878.00
93882	DUPLX SCAN EXTRACRANIAL ARTERIES UNI/LTD	\$ 104.75	\$ 157.13	\$ 1,161.00
93886	TRANCRANIAL DOPPLER STUDY INTRAC COMPLT	\$ 233.47	\$ 350.21	\$ 1,789.00
93922	PHYSIO STDY UP/LOW EXT ART BILSINGL LEV	\$ 121.71	\$ 182.57	\$ 1,023.00
93926	DUPLEX SCAN LOWER EXTRMY ARTER UNIL/LTD	\$ 104.75	\$ 157.13	\$ 912.00
93971	DUPLEX SCAN EXTREMITY VEINS UNILATRL/LTD	\$ 150.33	\$ 225.50	\$ 567.00
LABORATORY & PATHOLOGY				
	STORED BLOOD SAMPLE RETRIEVAL, EACH	\$ 10.00	\$ 10.00	\$ 10.00
	SPECIMEN PROCESSING, CENTRIFUGE & ALIQUOT	\$ 10.00	\$ 10.00	\$ 10.00
	TISSUE CUT, PER SLIDE	\$ 10.00	\$ 10.00	\$ 10.00
	BLOCK/SLIDE RETRIEVAL, PER CASE	\$ 15.00	\$ 15.00	\$ 15.00
	NATURAL LANGUAGE/DATA SEARCH, PER HOUR	\$ 100.00	\$ 100.00	\$ 100.00
	RESEARCH BLOCK	\$ 10.00	\$ 10.00	\$ 10.00
10021	FNA SUPERFICIAL TISSUE	\$ 379.92	\$ 569.88	\$ 457.00
36415	BLOOD COLLECTION, SUPPLIES PROVIDED BY RESEARCHER	\$ 10.00	\$ 10.00	\$ 10.00
36430	TRANSFUSION SERVICE	\$ 413.61	\$ 620.42	\$ 377.00
80048	BASIC METABOLIC PANEL (BMP) + TCA BUNDLED CHARGE	\$ 8.46	\$ 12.69	\$ 199.00
80051	ELECTROLYTE PANEL (LYTE) BUNDLED CHARGE	\$ 7.01	\$ 10.52	\$ 108.00
80053	COMPREHENSIVE METABOLIC PANEL (CMP) BUNDLED CHARGE	\$ 10.56	\$ 15.84	\$ 534.00
80061	LIPID PANEL BUNDLED CHARGE	\$ 13.39	\$ 20.09	\$ 177.00
80074	HEPATITIS STUDIES PANEL	\$ 47.63	\$ 71.45	\$ 541.00
80076	HEPATIC (LIVER) FUNCTION PANEL BUNDLED CHARGE	\$ 8.17	\$ 12.26	\$ 244.00
80307	DRUG TEST, PRESUMPTIVE; BY INSTRUMENT CHEMISTRY ANALYZERS	\$ 62.14	\$ 93.21	\$ 93.00
81001	URINE CHEMISTRIES / MICROSCOPIC	\$ 3.17	\$ 4.76	\$ 84.00
81002	UA CHEMISTRIES POC (URINE DIP STICK WO MICRO) POCUA	\$ 3.48	\$ 5.22	\$ 5.00
81003	URINE CHEMISTRIES AUTOMATED	\$ 2.25	\$ 3.38	\$ 66.00
81015	URINE MICROSCOPIC	\$ 3.05	\$ 4.58	\$ 66.00
81025	PREGNANCY TEST, URINE	\$ 8.61	\$ 12.92	\$ 13.00
81206	BCR/ABL1 GENE MAJOR BP; BCRABL	\$ 163.96	\$ 245.94	\$ 289.00
81207	BCR/ABL1 GENE MINOR BP; BCRABL	\$ 144.84	\$ 217.26	\$ 289.00
81232	DPYD GENE COMMON VARIANTS	\$ 174.81	\$ 262.22	\$ 262.00
81235	EGFR GENE COM VARIANTS; EGPCRL	\$ 324.58	\$ 486.87	\$ 995.00
81400	MOPATH PROCEDURE LEVEL 1; NEOAML	\$ 63.96	\$ 95.94	\$ 562.00
81401	MOPATH PROC LVL 2 (LAB MISC TEST) LABCORP	\$ 137.00	\$ 205.50	\$ 446.00
81402	MOPATH PROCEDURE LEVEL 3; CAHL	\$ 150.33	\$ 225.50	\$ 567.00
81403	MOPATH PROCEDURE LEVEL 4; KRAS MUTATION ANALYSIS CRC, KRASCL	\$ 185.20	\$ 277.80	\$ 848.00

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

81404	MOPATH PROCEDURE LEVEL 5; KRAS MUTATION ANALYSIS CRC, KRASCL	\$ 274.83	\$ 412.25	\$ 848.00
81405	MOPATH PROCEDURE LEVEL 6; RETGL	\$ 301.35	\$ 452.03	\$ 878.00
81406	MOPATH PROCEDURE LEVEL 7; PULML	\$ 282.88	\$ 424.32	\$ 2,393.00
81407	MOPATH PROCEDURE LEVEL 8	\$ 846.27	\$ 1,269.41	\$ 1,269.00
81408	MOPATH PROCEDURE LEVEL 9	\$ 2,000.00	\$ 3,000.00	\$ 3,000.00
82040	ALBUMIN	\$ 4.95	\$ 7.43	\$ 41.00
82042	ALBUMIN; OTHER SOURCE, QUANTITATIVE, EA SPECIMEN	\$ 7.78	\$ 11.67	\$ 12.00
82043	MICROALBUMIN, RANDOM	\$ 5.78	\$ 8.67	\$ 109.00
82085	ALDOLASE	\$ 9.71	\$ 14.57	\$ 21.00
82088	ALDOSTERONE	\$ 40.75	\$ 61.13	\$ 46.00
82105	ALPHA FETOPROTEIN SERUM (TSP)	\$ 16.77	\$ 25.16	\$ 15.00
82131	AMINO ACIDS, SINGLE, QUANTITATIVE, EA SPECIMEN; UKSPL	\$ 22.98	\$ 34.47	\$ 11.00
82150	AMYLASE	\$ 6.48	\$ 9.72	\$ 50.00
82247	TOTAL BILIRUBIN	\$ 5.02	\$ 7.53	\$ 41.00
82248	DIRECT BILIRUBIN	\$ 5.02	\$ 7.53	\$ 41.00
82306	VITAMIN D, 25-HYDROXY; VD25H	\$ 29.60	\$ 44.40	\$ 142.00
82310	CALCIUM	\$ 5.16	\$ 7.74	\$ 41.00
82374	BICARBONATE	\$ 4.88	\$ 7.32	\$ 41.00
82378	CEA	\$ 18.96	\$ 28.44	\$ 152.00
82382	CATHECHOLAMINES	\$ 27.30	\$ 40.95	\$ 37.00
82435	CHLORIDE BLOOD	\$ 4.60	\$ 6.90	\$ 41.00
82465	CHOLESTEROL SERUM TOTAL	\$ 4.35	\$ 6.53	\$ 41.00
82523	COLLAGEN CROSS LINKS, PANEL N-TELOPEPTIDE, SERUM	\$ 18.68	\$ 28.02	\$ 198.00
82525	COPPER SERUM/RBC	\$ 12.41	\$ 18.62	\$ 9.00
82533	CORTISOL URINE	\$ 16.30	\$ 24.45	\$ 31.00
82550	CPK	\$ 6.51	\$ 9.77	\$ 41.00
82552	CPK: ISOENZYMES	\$ 13.39	\$ 20.09	\$ 77.00
82553	CPK-MB	\$ 11.55	\$ 17.33	\$ 59.00
82565	CREATININE	\$ 5.12	\$ 7.68	\$ 41.00
82570	CREATININE URINE	\$ 5.18	\$ 7.77	\$ 108.00
82575	CREATININE CLEARANCE	\$ 9.46	\$ 14.19	\$ 122.00
82595	CRYOGLOBULIN	\$ 6.47	\$ 9.71	\$ 62.00
82607	VITAMIN B12	\$ 15.08	\$ 22.62	\$ 132.00
82626	DEHYDROEPIANDROSTERONE	\$ 25.27	\$ 37.91	\$ 145.00
82652	VITAMIN D (1-25 DI-OH)	\$ 38.50	\$ 57.75	\$ 61.00
82656	PANCREATIC ELASTASE FECAL	\$ 11.53	\$ 17.30	\$ 17.00
82670	ESTRADIOL	\$ 27.94	\$ 41.91	\$ 41.00
82679	ESTRONE	\$ 24.95	\$ 37.43	\$ 34.00
82725	LONG CHAIN FATTY ACID	\$ 18.77	\$ 28.16	\$ 371.00
82728	FERRITIN	\$ 13.63	\$ 20.45	\$ 96.00
82746	FOLIC ACID	\$ 14.70	\$ 22.05	\$ 67.00
82784	IGG QT	\$ 9.30	\$ 13.95	\$ 8.00
82785	GAMMAGLOBULIN; IGE, IGEL	\$ 16.46	\$ 24.69	\$ 10.00
82803	PULMONARY PROC ARTERIAL BLOOD GASES	\$ 26.07	\$ 39.11	\$ 169.00
82810	INVASIVE CARD GASES, BLOOD, O2 SATURATION ONLY	\$ 9.77	\$ 14.66	\$ 4.00
82947	GLUCOSE; QUAN, BLOOD; GLU	\$ 3.93	\$ 5.90	\$ 41.00
82951	TOLERANCE TEST-GTT (3 SPEC)	\$ 12.87	\$ 19.31	\$ 88.00

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

82977	GGTP	\$ 7.20	\$ 10.80	\$ 64.00
83001	FSH	\$ 18.58	\$ 27.87	\$ 155.00
83002	LEUTINIZING HORMONE (LH)	\$ 18.52	\$ 27.78	\$ 155.00
83010	HAPTO GLOBULIN	\$ 12.58	\$ 18.87	\$ 114.00
83036	HEMOGLOBIN A1C	\$ 9.71	\$ 14.57	\$ 89.00
83051	HEMOGLOBIN, PLASMA	\$ 7.31	\$ 10.97	\$ 18.00
83520	IMMUNOASSAY, ANALYTE, QUANTITATIVE; NOS; GQ1L	\$ 17.27	\$ 25.91	\$ 44.00
83520	ANTIGLOMERULAR BASEMENT AB	\$ 17.27	\$ 25.91	\$ 30.00
83525	INSULIN TOTAL	\$ 11.43	\$ 17.15	\$ 152.00
83527	FREE INSULIN	\$ 12.95	\$ 19.43	\$ 19.00
83540	IRON SERUM	\$ 6.47	\$ 9.71	\$ 57.00
83550	IRON BIND CAP	\$ 8.74	\$ 13.11	\$ 77.00
83605	LACTIC ACID	\$ 11.57	\$ 17.36	\$ 100.00
83615	LDH	\$ 6.04	\$ 9.06	\$ 41.00
83690	LIPASE	\$ 6.89	\$ 10.34	\$ 72.00
83735	MAGNESIUM	\$ 6.70	\$ 10.05	\$ 44.00
83880	B-NATRIURETIC PEPTIDE	\$ 39.26	\$ 58.89	\$ 51.00
83883	NEPHELOMETRY EA ANALYTE NES; HCVFSL	\$ 13.60	\$ 20.40	\$ 34.00
83930	OSMOLALITY-SERUM	\$ 6.61	\$ 9.92	\$ 68.00
83970	INTACT PTH	\$ 41.28	\$ 61.92	\$ 312.00
84075	ALKALINE PHOSPHATASE	\$ 5.18	\$ 7.77	\$ 41.00
84080	ALK PHOS, BONE SPEC	\$ 14.78	\$ 22.17	\$ 37.00
84100	PHOSPHORUS	\$ 4.74	\$ 7.11	\$ 41.00
84132	POTASSIUM	\$ 4.76	\$ 7.14	\$ 41.00
84134	PREALBUMIN	\$ 14.59	\$ 21.89	\$ 94.00
84145	PROCALCITONIN (PCT); PCTL	\$ 27.22	\$ 40.83	\$ 392.00
84146	PROLACTIN	\$ 19.38	\$ 29.07	\$ 155.00
84153	PROSTATE SPECIFIC (PSA) TOTAL	\$ 18.39	\$ 27.59	\$ 11.00
84155	TOTAL PROTEIN	\$ 3.67	\$ 5.51	\$ 41.00
84156	URINE TOTAL PROTEIN	\$ 3.67	\$ 5.51	\$ 41.00
84166	PROTEIN ELECTROPHORESIS FRACT/QUANT, FLUID W/CONCEN	\$ 17.83	\$ 26.75	\$ 252.00
84295	SODIUM BLOOD	\$ 4.81	\$ 7.22	\$ 41.00
84300	SODIUM URINE	\$ 5.06	\$ 7.59	\$ 44.00
84305	SOMATOMEDIN (IGF-I)	\$ 21.26	\$ 31.89	\$ 49.00
84402	TESTOSTERONE FREE	\$ 25.47	\$ 38.21	\$ 9.00
84403	TESTOSTERONE	\$ 25.81	\$ 38.72	\$ 39.00
84436	T4 RIA	\$ 6.87	\$ 10.31	\$ 97.00
84439	FREE T4	\$ 9.02	\$ 13.53	\$ 97.00
84443	TSH-CHARGEABLE	\$ 16.80	\$ 25.20	\$ 214.00
84450	AST (SGOT)	\$ 5.18	\$ 7.77	\$ 41.00
84460	ALT (SGPT)	\$ 5.30	\$ 7.95	\$ 41.00
84478	TRIGLYCERIDES	\$ 5.74	\$ 8.61	\$ 41.00
84479	T3 UPTAKE	\$ 6.47	\$ 9.71	\$ 41.00
84480	TOTAL T3	\$ 14.18	\$ 21.27	\$ 102.00
84481	FREE T3	\$ 16.94	\$ 25.41	\$ 49.00
84484	TROPONIN I	\$ 12.47	\$ 18.71	\$ 109.00
84512	TROPONIN QUALITATIVE	\$ 10.09	\$ 15.14	\$ 15.00

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

84520	UREA NITROGEN BLOOD BUN	\$ 3.95	\$ 5.93	\$ 41.00
84540	UREA NITROGEN URINE	\$ 5.56	\$ 8.34	\$ 50.00
84550	URIC ACID	\$ 4.52	\$ 6.78	\$ 41.00
84630	ZINC	\$ 11.39	\$ 17.09	\$ 16.00
84681	C-PEPTIDE	\$ 20.81	\$ 31.22	\$ 234.00
84702	HUMAN GONADOTROPIN CHORIONIC	\$ 15.05	\$ 22.58	\$ 100.00
84703	HCG QUALITATIVE	\$ 7.52	\$ 11.28	\$ 72.00
85009	WBC BLOOD ORGANISMS, WBCORG	\$ 5.07	\$ 7.61	\$ 8.00
85014	HEMATOCRIT	\$ 2.37	\$ 3.56	\$ 69.00
85018	HEMOGLOBIN	\$ 2.37	\$ 3.56	\$ 69.00
85025	CBC/PLATELET/PARTIAL DIFFERENTIAL	\$ 7.77	\$ 11.66	\$ 159.00
85027	CBC/PLATELET	\$ 6.47	\$ 9.71	\$ 133.00
85045	RETICULOCYTE COUNT	\$ 3.99	\$ 5.99	\$ 37.00
85048	WHITE BLOOD COUNT	\$ 2.54	\$ 3.81	\$ 78.00
85049	PLATELET COUNT	\$ 4.48	\$ 6.72	\$ 14.00
85347	ACTIVATED CLOTTING TIME (POCACT)	\$ 4.28	\$ 6.42	\$ 36.00
85362	FIBRIN DEGRADATION PRODUCTS	\$ 6.89	\$ 10.34	\$ 10.00
85378	DELTA DIMER	\$ 9.72	\$ 14.58	\$ 200.00
85379	D-DIMER - QUAN	\$ 10.18	\$ 15.27	\$ 15.00
85384	FIBRINOGEN; ACTIVITY (TEG)	\$ 9.72	\$ 14.58	\$ 153.00
85385	FIBRINOGEN; ANTIGEN	\$ 14.46	\$ 21.69	\$ 22.00
85390	FIBRINOLYSIS OR COAGULOPATHY SCREEN, INTERPRETATION & REPORT (TEG)	\$ 15.48	\$ 23.22	\$ 141.00
85576	PLT AGGREGATION (IN VITRO) EA AGENT; PLATELET FUNCTION P2Y12; PLTFH	\$ 24.91	\$ 37.37	\$ 44.00
85610	COAG PROTHROMBIN	\$ 4.29	\$ 6.44	\$ 15.00
85635	REPTILASE TEST	\$ 9.85	\$ 14.78	\$ 15.00
85651	SEDIMENTARY RATE	\$ 4.27	\$ 6.41	\$ 97.00
85670	THROMBIN TIME	\$ 5.77	\$ 8.66	\$ 14.00
85730	COAG PARTIAL THROMBOPLASTIN (PTT)	\$ 6.01	\$ 9.02	\$ 108.00
86021	MYELOPEROXIDASE ANTIBODY	\$ 15.05	\$ 22.58	\$ 22.58
86140	C-REACTIVE PROTEIN - CRP	\$ 5.18	\$ 7.77	\$ 11.00
86141	C-REACTIVE PROTEIN HS - CRP2	\$ 12.95	\$ 19.43	\$ 26.00
86160	COMPLEMENT 4	\$ 12.00	\$ 18.00	\$ 145.00
86160	COMPLEMENT 3	\$ 12.00	\$ 18.00	\$ 219.00
86162	COMPLEMENT CH50	\$ 20.32	\$ 30.48	\$ 7.00
86225	ANTI DNA DOUBLE STRANDED	\$ 13.74	\$ 20.61	\$ 214.00
86255	SMOOTH MUSCLE ANTIBODY	\$ 12.05	\$ 18.08	\$ 23.00
86255	ANA	\$ 12.05	\$ 18.08	\$ 175.00
86256	ANTI MITOCHONDRITAL ANTIBODY	\$ 12.05	\$ 18.08	\$ 76.00
86300	CA 15-3	\$ 20.81	\$ 31.22	\$ 120.00
86300	IMMUNOASSAY, TUMOR ANTIGEN, QUANTITATIVE, C2729L	\$ 20.81	\$ 31.22	\$ 19.00
86301	CA 19-9	\$ 20.81	\$ 31.22	\$ 120.00
86304	CA 125	\$ 20.81	\$ 31.22	\$ 94.00
86316	CHROMOGRANIN A	\$ 20.81	\$ 31.22	\$ 28.00
86328	IMMUNOASSAY INF AGT ANTIBODY SGL METHOD (SARS-COV-2)	\$ 45.28	\$ 67.92	\$ 27.00
86335	IMMUNOFIXATION ELECTROPHORESIS OTHER FLUIDS CONC	\$ 29.35	\$ 44.03	\$ 49.00
86355	B CELLS TOTAL COUNT	\$ 37.73	\$ 56.60	\$ 57.00
86356	MONONUCLEAR CELL ANTIGEN	\$ 26.78	\$ 40.17	\$ 40.00

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

86357	NK CELLS TOTAL COUNT	\$ 37.73	\$ 56.60	\$ 57.00
86359	T CELLS; TOTAL COUNT	\$ 37.73	\$ 56.60	\$ 57.00
86360	CD4/CD8 RATIO	\$ 46.98	\$ 70.47	\$ 499.00
86376	ANTI TPO ANTIBODY	\$ 14.55	\$ 21.83	\$ 96.00
86430	QUAL RHEUM FACTOR	\$ 6.14	\$ 9.21	\$ 9.00
86480	QUANTIFERON TB	\$ 61.98	\$ 92.97	\$ 62.00
86481	TB AG RESPONSE T-CELL SUSP	\$ 100.00	\$ 150.00	\$ 131.00
86580	PROC PPD INTRADERMAL - ADULT	\$ 28.37	\$ 42.56	\$ 20.00
86592	RAPID PLASMA REAGIN RPR SERUM	\$ 4.27	\$ 6.41	\$ 64.00
86677	HELICOBACTER PYLORI, IGG	\$ 16.85	\$ 25.28	\$ 145.00
86692	DELTA HEPATITIS	\$ 17.16	\$ 25.74	\$ 163.00
86694	HERPES ANTIBODY (I/II IGG)	\$ 14.39	\$ 21.59	\$ 75.00
86694	HSV IGM AB	\$ 14.39	\$ 21.59	\$ 6.00
86701	HIV-1 ANTIBODIES (HIVMUL)	\$ 8.89	\$ 13.34	\$ 18.00
86703	RAPID HIV 1/2	\$ 13.71	\$ 20.57	\$ 145.00
86704	HEPATITIS B CORE AB TOTAL	\$ 12.05	\$ 18.08	\$ 135.00
86705	HEPATITIS B CORE AB IGM	\$ 11.77	\$ 17.66	\$ 135.00
86706	HEPATITIS B SURFACE AB	\$ 10.74	\$ 16.11	\$ 135.00
86708	HEPATITIS A VIRUS AB TOTAL	\$ 12.39	\$ 18.59	\$ 135.00
86709	HEPATITIS A VIRUS AB IGM	\$ 11.26	\$ 16.89	\$ 135.00
86769	IMMUNOASSAY INF AGT ANTIBODY MULTI STEP METHOD (SARS-COV-2)	\$ 42.13	\$ 63.20	\$ 27.00
86790	HERPESVIRUS 8 IGG AB	\$ 12.88	\$ 19.32	\$ 109.00
86803	HEPATITIS C VIRUS AB IGG	\$ 14.27	\$ 21.41	\$ 229.00
86804	HEPATITIS C RIBA	\$ 15.49	\$ 23.24	\$ 106.00
86850	ANTIBODY SCREEN	\$ 51.63	\$ 77.45	\$ 55.00
86880	DIRECT COOMBS	\$ 58.28	\$ 87.42	\$ 60.00
86900	ABO	\$ 121.71	\$ 182.57	\$ 155.00
86901	RH	\$ 38.21	\$ 57.32	\$ 33.00
87040	CULTURE, AEROBIC/ANAEROBIC, BLOOD	\$ 10.32	\$ 15.48	\$ 175.00
87045	ENTERIC CULTURE	\$ 9.44	\$ 14.16	\$ 175.00
87070	RESPIRATORY CULTURE THROAT & NOSE	\$ 8.62	\$ 12.93	\$ 168.00
87086	CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	\$ 8.07	\$ 12.11	\$ 155.00
87118	AFB CULTURE CONCENTRATION PLUS ISOLATION	\$ 14.61	\$ 21.92	\$ 162.00
87177	OVA & PARASITE EXAM	\$ 8.90	\$ 13.35	\$ 187.00
87186	MICROBE SUSCEPTIBLE MIC; BACTEC	\$ 8.65	\$ 12.98	\$ 18.00
87205	GRAM STAIN	\$ 4.27	\$ 6.41	\$ 82.00
87206	AFB STAIN	\$ 5.39	\$ 8.09	\$ 144.00
87252	VIRUS ISOLATION, OBS, AND PRESUMP ID, CYTOMEGALOVIRUS CULTURE	\$ 26.07	\$ 39.11	\$ 22.00
87254	VIRUS ISOLATION, CENTRIFUGE ENHAN CYTOMEGALOVIRUS CULTURE	\$ 19.56	\$ 29.34	\$ 22.00
87254	VIRUS ISOL, SHELL VIAL TECHN, CMVRL	\$ 19.56	\$ 29.34	\$ 108.00
87340	HEPATITIS B SURFACE AG	\$ 10.33	\$ 15.50	\$ 135.00
87350	HEPATITIS BE ANTIGEN	\$ 11.53	\$ 17.30	\$ 10.00
87380	HEPATITIS DELTA AGENT AG IA	\$ 18.36	\$ 27.54	\$ 28.00
87491	CHLAMYDIA TRACHOMATIS	\$ 35.09	\$ 52.64	\$ 216.00
87496	CYTOMEGALOV AMPLIF NA PROBE; CMVBLL	\$ 35.09	\$ 52.64	\$ 244.00
87497	CYTOMEGALOVIRUS NA QUAN, CMVQTL	\$ 42.84	\$ 64.26	\$ 248.00
87517	HEPATITIS B DNA/RNA QUANT, HBVB	\$ 42.84	\$ 64.26	\$ 60.00

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

87521	HCV RNA BY PCR, QL	\$ 35.09	\$ 52.64	\$ 78.00
87522	HCV RNA QUANT, PCR	\$ 42.84	\$ 64.26	\$ 511.00
87529	HSV2 PCR	\$ 35.09	\$ 52.64	\$ 119.00
87529	HSV1 PCR	\$ 35.09	\$ 52.64	\$ 119.00
87536	HIV-1 RNA (VIRAL LOAD)	\$ 85.10	\$ 127.65	\$ 501.00
87591	N GONORRHOEAE	\$ 35.09	\$ 52.64	\$ 216.00
87624	HPV HIGH-RISK TYPES; HPVHRB (HPV HIGH-RISK)	\$ 35.09	\$ 52.64	\$ 72.00
87631	INF AGT DETECT BY NA;RESP VIRUSES,MULTIPLEX 3-5 TARGETS	\$ 142.63	\$ 213.95	\$ 214.00
87632	RESP VIRUS 6-11 TARGETS; FLUSUB (FLU RSV SUBTYPE)	\$ 218.06	\$ 327.09	\$ 437.00
87635	SARS-COV-2 COVID-19 AMPLIFIED PROBE- NON CDC LAB	\$ 51.31	\$ 76.97	\$ 77.00
87798	DETECT AGENT NOS DNA/RNA AMP, FLURSV	\$ 35.09	\$ 52.64	\$ 128.00
87806	HIV W/HIV 1&2 ANTB W/OPTIC	\$ 32.77	\$ 49.16	\$ 49.00
88112	LIQUID-BASED CYTOPATHOLOGY TEST	\$ 51.63	\$ 77.45	\$ 244.00
88142	LIQUID/FLUID-BASED PAP TEST	\$ 20.26	\$ 30.39	\$ 260.00
88164	PAP SMEAR	\$ 17.76	\$ 26.64	\$ 235.00
88172	CYTOPATHOLOGY DX EVAL FNA 1ST EA SITE	\$ 162.74	\$ 244.11	\$ 190.00
88173	FNA INTERPRETATION REPORT	\$ 51.63	\$ 77.45	\$ 188.00
88182	FLOW CYTOMETRY, CELL CYCLE OR DNA ANALY, DNAPL	\$ 51.63	\$ 77.45	\$ 115.00
88184	FLOW CYTOMETRY FIRST MARKER	\$ 342.48	\$ 513.72	\$ 226.00
88300	GROSS EXAM ONLY LEVEL I	\$ 28.37	\$ 42.56	\$ 44.00
88302	GROSS & MICROSCOPIC LEVEL II	\$ 28.37	\$ 42.56	\$ 82.00
88304	GROSS & MICROSCOPIC LEVEL III	\$ 51.63	\$ 77.45	\$ 109.00
88305	GROSS & MICROSCOPIC LEVEL IV	\$ 51.63	\$ 77.45	\$ 244.00
88307	GROSS & MICROSCOPIC LEVEL V	\$ 342.48	\$ 513.72	\$ 270.00
88309	GROSS & MICROSCOPIC LEVEL VI	\$ 819.29	\$ 1,228.94	\$ 796.00
88312	SPECIAL STAINS-GROUP I FOR MICROORGANISM	\$ 51.63	\$ 77.45	\$ 111.00
88313	SPECIAL STAINS-GROUP II ANY	\$ 58.28	\$ 87.42	\$ 72.00
88360	TUMOR IMMUNOHISTOCHEM ER	\$ 162.74	\$ 244.11	\$ 252.00
88363	EXAMINATION ARCHIVE TISSUE MOLECULAR ANALYSIS	\$ 28.37	\$ 42.56	\$ 35.48
88365	IN SITU HYBRIDIZATION EA PROBE	\$ 162.74	\$ 244.11	\$ 340.00
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 162.74	\$ 244.11	\$ 219.00
U0001	SARS-COV-2/2019-NCOV (COVID-19) DIAGNOSTIC PANEL- CDC LAB	\$ 35.92	\$ 53.88	\$ 54.00
U0002	COVID-19 LAB TEST NON-CDC	\$ 51.31	\$ 76.97	\$ 78.00
OTHER PROCEDURES/INFUSIONS				
10005	FNA BX W/US GDN 1ST LES	\$ 670.36	\$ 1,005.54	\$ 869.00
11103	TANGNTL BX SKIN EA SEP/ADDL	\$ 167.02	\$ 250.53	\$ 133.00
11104	PUNCH BX SKIN SINGLE LESION	\$ 379.92	\$ 569.88	\$ 265.00
20206	MUSCLE/SOFT TISSUE PERCUTANEOUS	\$ 1,544.75	\$ 2,317.13	\$ 1,983.00
20220	BONE BIOPSY SUPERFICIAL	\$ 1,544.75	\$ 2,317.13	\$ 5,231.00
20225	BIOPSY BONE TROCAR OR NDL DEEP	\$ 1,544.75	\$ 2,317.13	\$ 9,868.00
21550	BIOPSY SOFT TISSUE NECK OR THORAX	\$ 1,544.75	\$ 2,317.13	\$ 1,708.00
31653	BRONCH EBUS SAMPLNG 3/> NODE	\$ 3,568.05	\$ 5,352.08	\$ 2,930.00
32400	BIOPSY PLEURA PERCUTANEOUS NEEDLE	\$ 1,544.75	\$ 2,317.13	\$ 1,983.00
32408	BIOPSY LUNG/MEDIASTINUM PERCUT NEEDLE	\$ 1,544.75	\$ 2,317.13	\$ 2,082.00
36511	LEUKOPHERESIS	\$ 1,461.89	\$ 2,192.84	\$ 1,926.00
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	\$ 1,461.89	\$ 2,192.84	\$ 1,926.00
36513	PLATELET PHERESIS	\$ 413.61	\$ 620.42	\$ 1,927.00

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	\$ 1,461.89	\$ 2,192.84	\$ 1,926.00
36516	PROSORBA COLUMN PROCESSING	\$ 4,409.34	\$ 6,614.01	\$ 3,184.00
36591	BLOOD OFF VENOUS DEVICE	\$ 121.71	\$ 182.57	\$ 168.00
36592	COLLECT BLOOD FROM PICC	\$ 121.71	\$ 182.57	\$ 121.00
38220	BONE MARROW ASPIRATIONS	\$ 1,544.75	\$ 2,317.13	\$ 1,983.00
38221	BONE MARROW BIOPSIES	\$ 1,544.75	\$ 2,317.13	\$ 1,526.00
38222	DX BONE MARROW BIOPIES & ASPIRATIONS	\$ 2,707.35	\$ 4,061.03	\$ 1,983.00
38500	LYMPH-NODE BIOPSY NEEDLE	\$ 3,631.79	\$ 5,447.69	\$ 2,870.00
38505	NEEDLE BIOPSY LYMPH NODE	\$ 1,544.75	\$ 2,317.13	\$ 1,983.00
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	\$ 3,631.79	\$ 5,447.69	\$ 3,019.00
41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS	\$ 524.23	\$ 786.35	\$ 1,087.00
43239	EGD BIOPSY SINGLE/MULTIPLE	\$ 863.69	\$ 1,295.54	\$ 3,556.00
44361	SMALL INTESTINE ENDO W BX; SINGLE/MULTI	\$ 1,812.99	\$ 2,719.49	\$ 2,716.00
45380	COLONOSCOPY, FLEX W BX; SGL/MULTI	\$ 1,124.36	\$ 1,686.54	\$ 3,104.00
45385	COLONOSCOPY, FLEX W REM LESION BY SNARE	\$ 1,124.36	\$ 1,686.54	\$ 3,104.00
46606	ANOSCOPY WITH BIOPSY	\$ 1,124.36	\$ 1,686.54	\$ 1,792.00
47000	NEEDLE BX, LIVER; PERCUTANEOUS	\$ 1,544.75	\$ 2,317.13	\$ 8,495.00
48102	PERC NDL BIOPSY PANCREAS	\$ 1,544.75	\$ 2,317.13	\$ 1,983.00
49082	ABD PARENCECTESIS	\$ 863.69	\$ 1,295.54	\$ 1,653.00
49083	ABD PARACENTESIS W/IMAGING	\$ 863.69	\$ 1,295.54	\$ 1,321.00
49180	BIOPSY, ABD/RETROPERI MASS	\$ 1,544.75	\$ 2,317.13	\$ 8,014.00
50200	KIDNEY BX, BY TROCAR; PERCUTANEOUS	\$ 1,544.75	\$ 2,317.13	\$ 8,874.00
52204	CYSTOURETHROSCOPY W/BIOPSY	\$ 1,940.66	\$ 2,910.99	\$ 2,492.00
54500	BIOPSY OF TESTIS	\$ 2,707.35	\$ 4,061.03	\$ 3,555.00
55700	BIOPSY PROSTATE NEEDLE PUNCH	\$ 1,940.66	\$ 2,910.99	\$ 2,495.00
57100	BIOPSY OF VAGINAL MUCOSA SIMPLE	\$ 765.96	\$ 1,148.94	\$ 687.00
57105	BX VAGINAL MUCOSA; EXTENSIVE	\$ 2,978.77	\$ 4,468.16	\$ 2,193.00
57500	BIOPSY SING/MULTI EXC LES CERV	\$ 765.96	\$ 1,148.94	\$ 1,455.00
58100	ENDOMETRIAL BIOPSY SAMPLING	\$ 189.86	\$ 284.79	\$ 168.00
60100	THYROID NEEDLE ASPIRATION	\$ 670.36	\$ 1,005.54	\$ 3,655.00
62270	LUMBAR PUNCTURE DIAGNOSTIC	\$ 658.90	\$ 988.35	\$ 1,403.00
62365	REM SQ RSVR/PUMP FOR PREV EPID DR INF	\$ 6,346.97	\$ 9,520.46	\$ 8,264.00
90471	VACCINE ADM IMMUNIZATN PERC/INTRAM/SUB	\$ 67.12	\$ 100.68	\$ 13.75
90472	VACCINE ADMIN INJECTION EA ADDTL VACC	\$ 17.27	\$ 25.90	\$ 13.75
92250	FUNDUS PHOTOGRAPHY	\$ 121.71	\$ 182.57	\$ 106.00
93971	DUPLEX SCAN EXTREMITY VEINS UNILATRL/LTD	\$ 104.75	\$ 157.13	\$ 912.00
95812	EEG PROLONGED 41-60 MINUTES	\$ 299.06	\$ 448.59	\$ 285.00
95813	EEG PROLONGED > 60 MINUTES	\$ 299.06	\$ 448.59	\$ 285.00
95819	EEG, AWAKE & ASLEEP	\$ 299.06	\$ 448.59	\$ 285.00
96360	IV INFUSN HYDRATION INITIAL 31MIN TO 1HR	\$ 204.22	\$ 306.33	\$ 281.00
96361	IV INFUSN HYDRATION EA ADD'L HR	\$ 45.26	\$ 67.89	\$ 71.00
96365	IV INFUSION THRPHY/PRP/DIAG INIT, UP TO 1 HR	\$ 204.22	\$ 306.33	\$ 281.00
96366	IV INFUS THRPHY/PROP/DIAG EA ADDL HR	\$ 45.26	\$ 67.89	\$ 71.00
96367	IV INFUSN THRPHY/PROP/DX ADDL SEQ TO 1HR	\$ 67.12	\$ 100.68	\$ 71.00
96369	THER INFUSION, UP TO 1 HR	\$ 204.22	\$ 306.33	\$ 206.00
96372	THERAPY PROPH/DX INJ SUBCUT/INTRAMUSCLE	\$ 67.12	\$ 100.68	\$ 72.00
96401	CHEMOTHRPY INJ SUBCU IM NON-HOR ANTI	\$ 67.12	\$ 100.68	\$ 105.00

Harris Health System
Research Fee Schedule 2024/2025
Effective March 15, 2024

96402	CHEMOTHRPY INJ SUBCU IM HRMNL ANTINEOPL	\$ 67.12	\$ 100.68	\$ 100.00
96405	CHEMO INTRALESIONAL UP TO 7	\$ 67.12	\$ 100.68	\$ 93.00
96406	CHEMO INTRALESIONAL OVER 7	\$ 204.22	\$ 306.33	\$ 305.00
96409	CHEMO CHEMOTHERAPY ADMIN IV PUSH INT DRG	\$ 322.68	\$ 484.02	\$ 281.00
96411	CHEMO CHEMO IV PUSH ADDL DRUG	\$ 67.12	\$ 100.68	\$ 146.00
96413	CHEMOTHRPY IV INFUSION 1ST HR	\$ 322.68	\$ 484.02	\$ 427.00
96415	CHEMOTHRPY IV INFUSION, EACH ADDTL HR	\$ 67.12	\$ 100.68	\$ 86.00
96416	CHEMO PROLONG INFUSE W/PUMP, MORE THAN 8 HRS	\$ 322.68	\$ 484.02	\$ 321.00
96417	CHEMO IV INFUS EACH ADDL SEQ INFUSION, UP TO 1 HR	\$ 67.12	\$ 100.68	\$ 100.00
96420	CHEMO IA PUSH TECHNIQUE	\$ 322.68	\$ 484.02	\$ 302.00
96422	CHEMO IA INFUSION UP TO 1 HR	\$ 322.68	\$ 484.02	\$ 305.00
96423	CHEMO IA INFUSE EA ADDL HR	\$ 45.26	\$ 67.89	\$ 60.00
96425	CHEMO IA; INFUSION >8 HRS	\$ 322.68	\$ 484.02	\$ 466.00
96440	CHEMO- PLEURAL CAV W THORAC	\$ 322.68	\$ 484.02	\$ 466.00
96446	CHEMOTX ADMN PRTL CAVITY	\$ 322.68	\$ 484.02	\$ 1,426.00
96450	CHEMO, CNS (INTRATHECAL CHEMOTHERAPY)	\$ 322.68	\$ 484.02	\$ 438.00
96521	REFILL/MAINT PORTABLE PUMP	\$ 204.22	\$ 306.33	\$ 305.00
96542	CHEMO INJ VIA SQ RESERVOIR	\$ 322.68	\$ 484.02	\$ 281.00
99152	MOD SED SAME PHYS/QHP 5/>YRS	\$ 99.21	\$ 148.81	\$ 79.00
99153	MOD SED SAME PHYS/QHP EA	\$ 21.35	\$ 32.02	\$ 17.00
FACILITY/TELEHEALTH VISITS				
98966	NON-HC PROVIDER PHONE CALL 5-10 MIN - RN (TELE)	\$ 13.03	\$ 19.55	\$ -
98967	NON-HC PROVIDER PHONE CALL 11- 20 MIN - RN (TELE)	\$ 24.09	\$ 36.14	\$ -
98968	NON-HC PROVIDER PHONE CALL 21-31 MIN - RN (TELE)	\$ 33.05	\$ 49.58	\$ -
99441	NP LOS TELEPHONE E&M BY PHY/QHP 5 TO 10 MINS (TELE)	\$ 56.42	\$ 84.63	\$ 33.00
99442	NP LOS TELEPHONE E&M BY PHY/QHP 11 TO 20 MINS (TELE)	\$ 91.00	\$ 136.50	\$ 43.00
99443	NP LOS TELEPHONE E&M BY PHY/QHP 21 TO 31 MINS (TELE)	\$ 129.00	\$ 193.50	\$ 53.00
G0463	ADULT - EST PATIENT O/V - (99214) MOD COMPLEXITY	\$ 125.95	\$ 188.93	\$ 148.00
G0463	ADULT - NEW PATIENT O/V - (99202) EXPANDED	\$ 125.95	\$ 188.93	\$ 110.00
G0463	ADULT - NEW PATIENT O/V - (99203) LOW COMPLEXITY	\$ 125.95	\$ 188.93	\$ 104.00
G0463	ADULT - NEW PATIENT O/V - (99204) MOD COMPLEXITY	\$ 125.95	\$ 188.93	\$ 148.00
G0463	ADULT - NEW PATIENT O/V - (99205) HIGH COMPLEXITY	\$ 125.95	\$ 188.93	\$ 148.00
G0463	ADULT - EST PATIENT O/V - (99211) MINIMAL	\$ 125.95	\$ 188.93	\$ 110.00
G0463	ADULT - EST PATIENT O/V - (99212) MINOR	\$ 125.95	\$ 188.93	\$ 110.00
G0463	ADULT - EST PATIENT O/V - (99213) LOW COMPLEXITY	\$ 125.95	\$ 188.93	\$ 104.00
G0463	ADULT - EST PATIENT O/V - (99215) HIGH COMPLEXITY	\$ 125.95	\$ 188.93	\$ 148.00

HARRIS HEALTH SYSTEM
INVESTIGATIONAL DRUG SERVICES (IDS)

The following schedule outlines the services available to implement and support a study through the IDS. The services available and charges for those services will apply to research protocols conducted within Harris Health System. Certain research protocols may require services not listed or be of such complex nature that the schedule below may not sufficiently address the costs. In those instances, the IDS will develop an individual budget based on the specific requirements of the study.

IDS Pharmacy Fee Schedule for Research Protocols	
Services	Cost
Study Set-up Fee*: (Inpatient and Outpatient Studies)	
<ul style="list-style-type: none"> • Sponsor Initiated • Collaborative Groups • Physician Initiated 	\$1750
Additional Harris Health sites	\$250/each secondary site
Maintenance Fee ⁺	\$200/annually
Special Storage Requirements	\$15/month for refrigerated and frozen conditions
Special Storage Fee Requirements: Hazardous USP <800>	\$20/month for refrigerated and frozen conditions
Medication Dispensing and Handling Fees:	
<ul style="list-style-type: none"> • Non-Compounded Dose • Non-Sterile Compounding⁺ • Sterile Compounding: (Hazardous/High Risk) • Complex Compounding: (i.e. isotopes) 	\$25/dose or prescription \$30/dose or prescription \$50/dose or prescription \$75/hour
Drug and Supply Cost	Cost + 15%

*Study set-up fee does not include the individual patient pharmacy fees (i.e. preparation of product, dispensing and recording)

⁺Studies active for 6 months or more will be assessed a maintenance fee

*All fees are subject to change

Study Set-up Fee

- Review of study protocol
- Assessment of required IDS services
- Coordination of and participation in initiation visit
- Establishment of Drug Accountability records and binder with required and appropriate documents
- Requisition, receipt and storage of study drug/supplies
- Development and distribution of dispensing guidelines
- Creation of physician order form
- Creation of EPIC and/or BEACON computerized physician order entry template
- Ongoing communication between coordinator, sponsor and investigator
- In-service staff, nursing and providers as needed

HARRIS HEALTH SYSTEM
INVESTIGATIONAL DRUG SERVICES (IDS)

Maintenance

- Requisition, receipt and storage of study drug/supplies
- Maintenance of drug accountability record forms and temperature logs
- Monitoring inventory for appropriate stock of drugs, expiration date, expiration date extension and re-labeling as indicated by the sponsor
- Communication with research team regarding study-related needs
- Continuous review of ongoing protocol updates
- File regulatory documents required by TSBP, FDA, DEA and Sponsor
- Revise order form based on protocol updates
- Investigation and documentation of protocol violations
- Quarantine of IP not approved for destruction by monitor, PI, or sponsor
- Photocopying and distribution of documentation as required by monitor and regulatory representatives
- Monthly invoicing of IDS services
- Participation in study close-out visits and completion of reconciliation documents
- Archive study records for 2 years on-site
- Return of drug/supplies after study closure
- Shipment of study documents to Iron Mountain after 2 years of study closure
- Studies active for 6 months or more will be assessed a maintenance fee

Special Service Fees

- Destruction of IP on-site: \$100/annually
- Special ordering and handling of controlled substances (DEA Form 222): \$25/form
- Request for Harris Health IDS to store and order for other study sites: \$100 (annually)
- Study Monitor Visits >1hour : \$25/visit
- After hours/Weekends randomization and dispensing: \$100/hour
- Relabeling and repacking drug for extended test date: \$25/dose (exception: re-test labels provided by sponsor)
- IP training requiring more than 2hrs./staff member : \$25 for multiple training sessions
- Retrieval of protocol binder(s) from Iron Mountain: \$50 (15-30 day notice required)
- Additional storage for multiple IP stock : \$50 (one-time fee)
- Materials and medication not provided by investigator or sponsor may be obtained by special order for an additional cost.

For information regarding the IDS Pharmacy Fees for (In-House Medical Staff or Collaborative) sponsored studies, please contact the Investigational Drug Service department directly.

Non-formulary (NF) medications will be reviewed independently and must meet Harris Health System Drug Formulary Policy 500; unless supplied free of charge to patient by principal investigator, sponsor, commercial insurance or Patient Medication Assistance Program (PMAP).

If feasible, negotiable set-up fees may be requested for unfunded or minimally funded studies. For questions concerning the pharmacy fee schedule, please call 713-873-4456 or email at INVdrugs@harrishealth.org