

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

MEMO

Date: April 21, 2016

To: Current Research Personnel
Harris Health Chiefs of Staff
Harris Health Chiefs of Service
Harris Health Administration

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

Subject: Harris Health System Research Fee Schedule 2016

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 **April 25, 2016**.

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.

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 713.566.6225 with any questions. Thank you.

xc: Adam Kuspa, PhD, Senior Vice President & Dean, Research, Baylor College of Medicine
Tommy Rice, Senior Director, Grants and Contracts, Baylor College of Medicine
Claudia Delgado, Director, Grants and Contracts, UT MDACC
Mary Veazie, Director, Clinical Research Finance, UT MDACC
Susie Bullock, Associate Director, Clinical Research Support Center, UT MDACC
Sujatha Sridhar, MBBS, Executive Director Research Compliance, Education and Support Services, UT-H
George Stancel, PhD, Executive Vice President for Academic and Research Affairs, UT-H
Karen Niemeier, Director, Contracts Office of Sponsored Projects Administration, UT-H
Ronald Perez, Director, Post Award Finance, UT-H

CPT	SERVICE	Government Discount Rate	Commercial Discount Rate	Standard Non-Discount Rate
CARDIOLOGY				
93005	12 LEAD EKG; TRACING ONLY	\$ 55.94	\$ 83.91	\$ 196.00
93017	STRESS TREADMILL - TRACING ONLY (PRO SOLVE)	\$ 220.35	\$ 330.53	\$ 1,128.00
93306	ECHOCARDIOGRAM 2-D W/O CONTRAST	\$ 416.80	\$ 625.20	\$ 784.00
93307	ECHOCARDIOGRAM 2-D W/CONTRAST	\$ 416.80	\$ 625.20	\$ 1,613.00
93308	ECHOCARDIOGRAM 2-D W/CONTRAST FOLLOW UP	\$ 153.58	\$ 230.37	\$ 902.00
93312	ECHOCARDIO 2-D TRANSESOPHAGEAL	\$ 698.65	\$ 1,047.98	\$ 2,081.00
FACILITY VISITS				
G0463	PHYSICIAN STUDY SPECIFIC CLINIC VISIT	\$ 100.15	\$ 118.40	\$ 148.00
	NON-PHYSICIAN STUDY SPECIFIC CLINIC VISIT (E.G. RESEARCH NURSE)	\$ 40.00	\$ 55.00	\$ 70.00
INFORMATION TECHNOLOGY				
	INFORMATION TECHNOLOGY RESEARCH REPORT, PER HOUR	\$ 100.00	\$ 175.00	\$ 225.00
LABORATORY				
	STORED BLOOD SAMPLE RETRIEVAL, EACH	\$ 5.00	\$ 5.00	\$ 5.00
	SPECIMEN PROCESSING, CENTRIFUGING & ALIQUOTTING	\$ 5.00	\$ 5.00	\$ 5.00
36415	BLOOD SAMPLE COLLECTION, SUPPLIES PROVIDED BY RESEARCHER	\$ 5.00	\$ 5.00	\$ 5.00
80048	BASIC METABOLIC PANEL	\$ 11.52	\$ 17.28	\$ 199.00
80051	ELECTROLYTES	\$ 9.55	\$ 14.33	\$ 108.00
80053	COMPREHENSIVE METABOLIC PANEL	\$ 14.39	\$ 21.59	\$ 534.00
80061	LIPID PROFILE	\$ 18.24	\$ 27.36	\$ 177.00
80074	ACUTE HEPATITIS STUDIES PANEL	\$ 64.89	\$ 97.34	\$ 506.00
80076	LIVER PROFILE	\$ 11.13	\$ 16.70	\$ 244.00
81001	URINE CHEMISTRIES / MICROSCOPIC	\$ 4.32	\$ 6.48	\$ 84.00
81003	URINE CHEMISTRIES AUTOMATED	\$ 3.06	\$ 4.59	\$ 66.00
81025	PREGNANCY TEST, URINE	\$ 8.61	\$ 12.92	\$ 13.00
82040	ALBUMIN, SERUM	\$ 6.74	\$ 10.11	\$ 41.00
82042	ALBUMIN (ALB/IGG RATIO), URINE OR OTHER SOURCE	\$ 7.05	\$ 10.58	\$ 67.00
82043	MICROALBUMIN, RANDOM	\$ 7.59	\$ 11.39	\$ 109.00
82088	ALDOSTERONE	\$ 55.51	\$ 83.27	\$ 46.00
82150	AMYLASE	\$ 8.83	\$ 13.25	\$ 50.00
82247	TOTAL BILIRUBIN	\$ 6.83	\$ 10.25	\$ 41.00
82248	DIRECT BILIRUBIN	\$ 6.83	\$ 10.25	\$ 41.00
82310	CALCIUM	\$ 7.03	\$ 10.55	\$ 41.00
82374	BICARBONATE	\$ 6.66	\$ 9.99	\$ 41.00
82435	CHLORIDE BLOOD	\$ 6.26	\$ 9.39	\$ 41.00
82465	CHOLESTEROL SERUM TOTAL	\$ 5.92	\$ 8.88	\$ 41.00
82533	CORTISOL PLASMA	\$ 22.21	\$ 33.32	\$ 66.00
82533	CORTISOL URINE	\$ 22.21	\$ 33.32	\$ 31.00
82550	CPK	\$ 8.87	\$ 13.31	\$ 41.00
82553	CPK-MB	\$ 8.39	\$ 12.59	\$ 59.00
82565	CREATININE	\$ 6.98	\$ 10.47	\$ 41.00
82570	CREATININE URINE	\$ 7.05	\$ 10.58	\$ 11.00
82652	VITAMIN D (1-25 DI-OH)	\$ 52.44	\$ 78.66	\$ 61.00
82670	ESTRADIOL	\$ 38.06	\$ 57.09	\$ 41.00
82728	FERRITIN	\$ 18.57	\$ 27.86	\$ 96.00
82784	IGG QT	\$ 12.67	\$ 19.01	\$ 8.00
82785	TOTAL IGE	\$ 22.43	\$ 33.65	\$ 35.00
82803	ARTERIAL BLOOD GASES	\$ 26.36	\$ 39.54	\$ 169.00

CPT	SERVICE	Government Discount Rate	Commercial Discount Rate	Standard Non-Discount Rate
LABORATORY (CONTINUED)				
82947	GLUCOSE, BLOOD	\$ 5.35	\$ 8.03	\$ 41.00
82951	GLUCOSE TOLERANCE TEST-GTT	\$ 17.53	\$ 26.30	\$ 88.00
82977	GGTP	\$ 9.81	\$ 14.72	\$ 64.00
83001	FSH	\$ 25.31	\$ 37.97	\$ 155.00
83002	LEUTINIZING HORMONE (LH)	\$ 25.22	\$ 37.83	\$ 155.00
83036	HEMOGLOBIN A1C	\$ 13.22	\$ 19.83	\$ 89.00
83051	HEMOGLOBIN, PLASMA	\$ 9.96	\$ 14.94	\$ 18.00
83520	ANCA ELISA	\$ 17.63	\$ 26.45	\$ 96.00
83520	ANTIGLOMERULAR BASEMENT AB	\$ 17.63	\$ 26.45	\$ 30.00
83525	INSULIN TOTAL	\$ 15.57	\$ 23.36	\$ 152.00
83605	LACTIC ACID	\$ 14.55	\$ 21.83	\$ 100.00
83615	LDH	\$ 8.22	\$ 12.33	\$ 41.00
83690	LIPASE	\$ 9.38	\$ 14.07	\$ 72.00
83735	MAGNESIUM	\$ 9.12	\$ 13.68	\$ 44.00
83874	MYOGLOBIN	\$ 17.59	\$ 26.39	\$ 142.00
83880	B NATRIURETIC PEPTIDE	\$ 46.24	\$ 69.36	\$ 166.00
83930	OSMOLALITY-SERUM	\$ 6.71	\$ 10.07	\$ 68.00
84075	ALKALINE PHOSPHATASE	\$ 7.05	\$ 10.58	\$ 41.00
84100	PHOSPHORUS	\$ 6.46	\$ 9.69	\$ 41.00
84132	POTASSIUM	\$ 6.26	\$ 9.39	\$ 41.00
84153	PROSTATE SPECIFIC (PSA) TOTAL	\$ 25.06	\$ 37.59	\$ 11.00
84155	TOTAL PROTEIN, SERUM	\$ 5.00	\$ 7.50	\$ 41.00
84156	TOTAL PROTEIN, URINE	\$ 5.00	\$ 7.50	\$ 41.00
84295	SODIUM	\$ 6.56	\$ 9.84	\$ 41.00
84436	THYROXINE TOTAL (T4)	\$ 9.35	\$ 14.03	\$ 97.00
84443	TSH	\$ 22.89	\$ 34.34	\$ 214.00
84450	AST (SGOT)	\$ 7.05	\$ 10.58	\$ 41.00
84460	ALT (SGPT)	\$ 7.22	\$ 10.83	\$ 41.00
84478	TRIGLYCERIDES	\$ 7.83	\$ 11.75	\$ 41.00
84481	FREE T3	\$ 23.07	\$ 34.61	\$ 49.00
84484	TROPONIN I	\$ 13.40	\$ 20.10	\$ 109.00
84520	BLOOD UREA NITROGEN (BUN)	\$ 5.38	\$ 8.07	\$ 41.00
84550	URIC ACID	\$ 6.16	\$ 9.24	\$ 41.00
84681	C-PEPTIDE	\$ 28.35	\$ 42.53	\$ 234.00
84702	PREGNANCY TEST, SERUM (HUMAN GONADOTROPIN CHORIONIC)	\$ 11.90	\$ 17.85	\$ 100.00
85014	HEMATOCRIT	\$ 3.23	\$ 4.85	\$ 69.00
85018	HEMOGLOBIN	\$ 3.23	\$ 4.85	\$ 69.00
85025	CBC/PLATELET/PARTIAL DIFFERENTIAL	\$ 10.59	\$ 15.89	\$ 159.00
85027	CBC/PLATELET	\$ 8.81	\$ 13.22	\$ 133.00
85045	RETICULOCYTE COUNT	\$ 5.45	\$ 8.18	\$ 37.00
85048	WHITE BLOOD COUNT	\$ 3.46	\$ 5.19	\$ 78.00
85049	PLATELET COUNT	\$ 6.10	\$ 9.15	\$ 14.00
85378	DELTA DIMER	\$ 9.72	\$ 160.00	\$ 200.00
85610	COAG PROTHROMBIN	\$ 5.36	\$ 8.04	\$ 15.00
85670	THROMBIN TIME	\$ 7.86	\$ 11.79	\$ 14.00
85730	COAG PARTIAL THROMBOPLASTIN (PTT)	\$ 8.18	\$ 12.27	\$ 108.00
86160	COMPLEMENT 3	\$ 16.35	\$ 24.53	\$ 219.00
86160	COMPLEMENT 4	\$ 16.35	\$ 24.53	\$ 145.00
86255	ANA	\$ 16.41	\$ 24.62	\$ 175.00

CPT	SERVICE	Government Discount Rate	Commercial Discount Rate	Standard Non-Discount Rate
LABORATORY (CONTINUED)				
86304	CA 125	\$ 28.35	\$ 42.53	\$ 94.00
86360	CD4/CD8 RATIO	\$ 64.01	\$ 96.02	\$ 499.00
86480	QUANTIFERON TB	\$ 84.43	\$ 126.65	\$ 94.00
86580	PPD INTRADERMAL - ADULT	\$ 12.70	\$ 19.05	\$ 20.00
86694	HERPES ANTIBODY (I/II IGG)	\$ 19.61	\$ 29.42	\$ 75.00
86694	HSV IGM AB	\$ 19.61	\$ 29.42	\$ 6.00
86701	HIV ANTIBODY	\$ 12.11	\$ 18.17	\$ 145.00
86706	HEPATITIS B ANTIBODY	\$ 14.63	\$ 21.95	\$ 125.00
86709	HEPATITIS A VIRUS AB IGM	\$ 15.33	\$ 23.00	\$ 135.00
86803	HEPATITIS C VIRUS AB IGG	\$ 19.44	\$ 29.16	\$ 229.00
86880	DIRECT COOMBS	\$ 55.94	\$ 83.91	\$ 60.00
87040	CULTURE, AEROBIC/ANAEROBIC, BLOOD	\$ 14.07	\$ 21.11	\$ 175.00
87070	RESPIRATORY CULTURE THROAT & NOSE	\$ 11.74	\$ 17.61	\$ 168.00
87086	URINE CULTURE	\$ 11.00	\$ 16.50	\$ 155.00
87118	AFB CULTURE CONCENTRATION PLUS ISOLATION	\$ 14.91	\$ 22.37	\$ 162.00
87177	OVA & PARASITE EXAM	\$ 11.91	\$ 17.87	\$ 187.00
87186	MICROBE SUSCEPTIBLE MIC; BACTEC	\$ 11.78	\$ 17.67	\$ 18.00
87205	GRAM STAIN	\$ 5.82	\$ 8.73	\$ 82.00
87206	AFB STAIN	\$ 7.33	\$ 11.00	\$ 144.00
87340	HEPATITIS B SURFACE ANTIGEN	\$ 14.07	\$ 21.11	\$ 135.00
87491	CHLAMYDIA TRACHOMATIS	\$ 47.80	\$ 71.70	\$ 216.00
87517	HEPATITIS B DNA/RNA QUANT, HBVB	\$ 38.65	\$ 57.98	\$ 60.00
87522	HCV RNA BY PCR, QT	\$ 38.65	\$ 57.98	\$ 128.00
87536	HIV-1 RNA (VIRAL LOAD)	\$ 115.92	\$ 173.88	\$ 501.00
87591	N GONORRHOEAE	\$ 47.80	\$ 71.70	\$ 216.00
88164	PAP SMEAR	\$ 14.39	\$ 21.59	\$ 235.00
OTHER PROCEDURES				
32405	BIOPSY LUNG/MEDIASTINUM PERCUT NEEDLE	\$ 941.98	\$ 1,412.97	\$ 2,044.00
38221	BONE MARROW BIOPSY NEEDLE/TROCAR	\$ 1,414.28	\$ 2,121.42	\$ 1,526.00
45380	COLONOSCOPY, FLEX W BX; SGL/MULTI	\$ 752.76	\$ 1,129.14	\$ 3,104.00
45385	COLONOSCOPY, FLEX W REM LESION BY SNARE	\$ 752.76	\$ 1,129.14	\$ 3,104.00
46601	ANOSCOPY HRA W/SPEC COLLECT	\$ 55.94	\$ 83.91	\$ 72.00
46606	ANOSCOPY WITH BIOPSY	\$ 1,661.50	\$ 2,492.25	\$ 1,792.00
50200	KIDNEY BX, BY TROCAR; PERCUTANEOUS	\$ 1,414.28	\$ 2,121.42	\$ 1,526.00
62270	LUMBAR PUNCTURE DIAGNOSTIC	\$ 585.17	\$ 877.76	\$ 631.00
PATHOLOGY				
	TISSUE CUT, PER SLIDE	\$ 6.42	\$ 6.42	\$ 6.42
	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
88300	GROSS EXAM ONLY LEVEL I	\$ 30.51	\$ 45.77	\$ 44.00
88302	GROSS & MICROSCOPIC LEVEL II	\$ 30.51	\$ 45.77	\$ 82.00
88304	GROSS & MICROSCOPIC LEVEL III	\$ 47.75	\$ 71.63	\$ 109.00
88305	GROSS & MICROSCOPIC LEVEL IV	\$ 47.75	\$ 71.63	\$ 244.00
88307	GROSS & MICROSCOPIC LEVEL V	\$ 209.42	\$ 314.13	\$ 270.00
88309	GROSS & MICROSCOPIC LEVEL VI	\$ 440.53	\$ 660.80	\$ 475.00
88312	SPECIAL STAINS-GROUP I FOR MICROORGANISM	\$ 47.75	\$ 71.63	\$ 111.00

CPT	SERVICE	Government Discount Rate	Commercial Discount Rate	Standard Non-Discount Rate
PATHOLOGY (CONTINUED)				
88313	SPECIAL STAINS-GROUP II ANY	\$ 47.75	\$ 71.63	\$ 72.00
88360	TUMOR IMMUNOHISTOCHEM ER	\$ 209.42	\$ 314.13	\$ 252.00
PHARMACY				
REFER TO PAGE 6 FOR THE INVESTIGATIONAL DRUG SERVICE FEES				
PULMONARY				
31622	BRONCHOSCOPY DIAGNOSTIC	\$ 1,037.50	\$ 1,556.25	\$ 1,153.00
31624	BRONCHO REGID&FLEX W/BRON ALVEO LAVAGE	\$ 1,037.50	\$ 1,556.25	\$ 1,153.00
31625	BRONCHOSCOPY WITH BIOPSY	\$ 1,037.50	\$ 1,556.25	\$ 3,192.00
31720	CATH ASPN NASOTRACHEAL	\$ 149.46	\$ 224.19	\$ 335.00
94010	RESPIRATORY PROC SPIROMETRY	\$ 129.75	\$ 194.63	\$ 218.00
94060	SPIROMETRY W/BRONCHIALDILATION PRE/POST	\$ 220.35	\$ 330.53	\$ 421.00
94200	MAXIMUM BREATHING CAPACITY	\$ 91.18	\$ 136.77	\$ 225.00
94375	RESPIRATORY FLOW VOLUME LOOP	\$ 220.35	\$ 330.53	\$ 351.00
94620	PULMONARY STRESS TEST SIMPLE (6 MINUTE WALK TEST)	\$ 91.18	\$ 136.77	\$ 1,100.00
94621	PULMONARY STRESS TEST COMPLEX	\$ 220.35	\$ 330.53	\$ 1,294.00
94640	SMALL VOLUME NEB TREAT	\$ 149.46	\$ 224.19	\$ 161.00
94726	PULM FUCT TST PLETHSMOGRAP	\$ 220.35	\$ 330.53	\$ 351.00
94727	PULM FUNCT TEST BY GAS DILUTION OR WASHOUT	\$ 129.75	\$ 194.63	\$ 351.00
94729	PULM FUNC DIFFUSING CAPACITY	\$ 95.32	\$ 142.98	\$ 282.00
94760	PULSE OXIMETRY SPOT CHECK	\$ 51.71	\$ 77.57	\$ 153.00
94762	PULSE OXIMETRY CONT. MONITORING	\$ 129.75	\$ 194.63	\$ 318.00
RADIOLOGY				
	CT CONTRAST AGENT (EST RATES BASED ON PREDETERMINED PROTOCOLS)	\$ 105.90	\$ 105.90	\$ 105.90
	MRI CONTRAST AGENT (EST RATES BASED ON 70KG PATIENT)	\$ 99.60	\$ 99.60	\$ 99.60
19081	BX BREAST 1ST LESION STEREOTACTIC GUIDANCE	\$ 941.98	\$ 1,412.97	\$ 1,046.00
19100	BIOPSY BREAST NEEDLE CORE W/O IMAGE	\$ 941.98	\$ 1,412.97	\$ 513.00
19283	PERCUTANEOUS DEVICE BREAST 1ST LESION STEREOTACTIC GUIDANCE	\$ 480.64	\$ 720.96	\$ 146.00
70450	CT HEAD W/O CONTRAST	\$ 112.49	\$ 168.74	\$ 1,856.00
70460	CT HEAD W/ CONTRAST	\$ 236.86	\$ 355.29	\$ 2,137.00
70470	CT HEAD W & W/O CONTRAST	\$ 236.86	\$ 355.29	\$ 2,565.00
70498	CT NECK ANGIOGRAM W-W/O CONTRAST	\$ 236.86	\$ 355.29	\$ 3,522.00
70540	MRI FACE, NECK, ORBIT	\$ 273.54	\$ 410.31	\$ 4,313.00
70551	MRI BRAIN W/O CONTRAST	\$ 273.54	\$ 410.31	\$ 4,029.00
70552	MRI BRAIN W/ CONTRAST	\$ 454.32	\$ 681.48	\$ 4,632.00
70553	MRI BRAIN W & W/O CONTRAST	\$ 454.32	\$ 681.48	\$ 5,563.00
71010	CHEST 1 VIEW	\$ 60.80	\$ 91.20	\$ 251.00
71020	CHEST 2 VIEWS	\$ 60.80	\$ 91.20	\$ 292.00
71021	CHEST 2VWS W/APICAL LORDOTIC PROCEDURE	\$ 60.80	\$ 91.20	\$ 429.00
71022	CHEST 2 VWS W/OBLIQUE PROJECT	\$ 60.80	\$ 91.20	\$ 440.00
71250	CT CHEST W/O CONTRAST	\$ 112.49	\$ 168.74	\$ 1,932.00
71260	CT CHEST W/CONTRAST	\$ 236.86	\$ 355.29	\$ 2,221.00
71275	CTA CHEST W/&W/O CONTRAST MAT	\$ 236.86	\$ 355.29	\$ 3,468.00
71550	MRI CHEST/MEDIASTINAL W/O CONTRAST	\$ 273.54	\$ 410.31	\$ 4,167.00
71551	MRI CHEST WITH CONTRAST	\$ 454.32	\$ 681.48	\$ 4,792.00
71552	MRI CHEST W/O & W CONTRAST	\$ 454.32	\$ 681.48	\$ 5,751.00
72141	MRI CERVICAL SPINE W/O CONTRAST	\$ 273.54	\$ 410.31	\$ 4,111.00

CPT	SERVICE	Government Discount Rate	Commercial Discount Rate	Standard Non-Discount Rate
RADIOLOGY (CONTINUED)				
72142	MRI CERVICAL SPINE W/CONTRAST	\$ 454.32	\$ 681.48	\$ 4,729.00
72146	MRI THORACIC SPINE W/O CONTRAST	\$ 273.54	\$ 410.31	\$ 4,483.00
72147	MRI THORACIC SPINE W/CONTRAST	\$ 454.32	\$ 681.48	\$ 5,156.00
72148	MRI LUMBAR SPINE W/O CONTRAST	\$ 273.54	\$ 410.31	\$ 4,261.00
72149	MRI LUMBAR SPINE W/CONTRAST	\$ 454.32	\$ 681.48	\$ 4,898.00
72156	MRI CERVICAL SPINE W/O-W CONTRAST	\$ 454.32	\$ 681.48	\$ 5,674.00
72157	MRI THORACIC SPINE W/O-W CONTRAST	\$ 454.32	\$ 681.48	\$ 6,187.00
72158	MRI LUMBAR SPINE W/O-W CONTRAST	\$ 454.32	\$ 681.48	\$ 5,879.00
72192	CT PELVIS W/O CONTRAST	\$ 112.49	\$ 168.74	\$ 2,013.00
72193	CT PELVIS W/CONTRAST	\$ 236.86	\$ 355.29	\$ 2,317.00
72195	MRI PELVIS W/O CONTRAST	\$ 273.54	\$ 410.31	\$ 4,205.00
72196	MRI PELVIS W/CONTRAST	\$ 454.32	\$ 681.48	\$ 4,838.00
73220	MRI UPPER EXTREMITY W/O-W CONTRAST	\$ 454.32	\$ 681.48	\$ 3,702.00
73700	CT EXTREMITY LOWER W/O CONTRAST	\$ 112.49	\$ 168.74	\$ 1,498.00
74000	ABDOMEN (KUB)	\$ 60.80	\$ 91.20	\$ 229.00
74150	CT ABDOMEN W/O CONTRAST	\$ 112.49	\$ 168.74	\$ 2,498.00
74160	CT ADBOMEN W/CONTRAST	\$ 236.86	\$ 355.29	\$ 2,876.00
74170	CT ABDOMEN W & W/O CONTRAST	\$ 236.86	\$ 355.29	\$ 3,447.00
74176	CT ABDOMEN AND PELVIS W/O CONTRAST	\$ 191.97	\$ 287.96	\$ 4,511.00
74177	CT ABDOMEN & PELVIS W/ CONTRAST	\$ 347.72	\$ 521.58	\$ 5,193.00
74178	CT ABDOMEN & PELVIS, 1 OR MORE SECTIONS/BODY REGIONS	\$ 347.72	\$ 521.58	\$ 6,226.00
74181	MRI ABDOMEN W/O CONTRAST	\$ 273.54	\$ 410.31	\$ 4,684.00
74182	MRI ABDOMEN WITH CONTRAST	\$ 454.32	\$ 681.48	\$ 5,387.00
74183	MRI ABDOMEN W/O AND W CONTRAST	\$ 454.32	\$ 681.48	\$ 6,466.00
75574	CT ANGIO HRT W/3D IMAGE	\$ 236.86	\$ 355.29	\$ 323.00
75820	VENOGRAM EXTREMITY UNILATERAL	\$ 667.93	\$ 1,001.90	\$ 721.00
75822	VENOGRAM EXTREMITY BILATERAL	\$ 667.93	\$ 1,001.90	\$ 901.00
76641	ULTRASOUND BREAST	\$ 92.07	\$ 138.11	\$ 614.00
76700	ULTRASOUND ABDOMEN	\$ 153.58	\$ 230.37	\$ 824.00
76942	ULTRASOUND GUIDANCE BIOPSY	\$ 131.04	\$ 196.56	\$ 1,169.00
77012	CT GUIDANCE FOR NEEDLE BIOPSY	\$ 222.85	\$ 334.28	\$ 1,988.00
77056	MAMMOGRAM, BILATERAL	\$ 72.02	\$ 242.40	\$ 303.00
77057	MAMMOGRAM, BILATERAL SCREENING	\$ 47.17	\$ 160.80	\$ 201.00
77075	BONE/SKELETAL SURVEY COMPLETE	\$ 100.69	\$ 151.04	\$ 441.00
77080	BONE DENSITY DUAL ENERGY ABSORPTION(DXA)	\$ 100.69	\$ 151.04	\$ 564.00
78814	PET IMAGE W/CT, LMTD	\$ 1,285.17	\$ 1,927.76	\$ 1,888.00
78815	PET IMAGE W/CT, SKULL-THIGH	\$ 1,285.17	\$ 1,927.76	\$ 1,888.00
78816	PET IMAGE W/CT, FULL BODY	\$ 1,285.17	\$ 1,927.76	\$ 1,888.00

**HARRIS HEALTH SYSTEM
INVESTIGATIONAL DRUG SERVICES (IDS)**

PHARMACY FEE SCHEDULE FOR RESEARCH PROTOCOLS

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 HCHD. 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.

SERVICES	COST
STUDY INITIATION FEES	
Inpatient and Outpatient Studies	\$1,500
Additional HCHD Site	\$250/each secondary site
SERVICES INCLUDED IN STUDY INITIATION FEES	
Review of study protocol	
Assessment of required IDS services	
Participation in site initiation visits	
Requisition, receipt and storage of study drug/supplies	
Creation of study drug(s) in pharmacy computer systems	
Maintenance of temperature logs for drug storage	
Maintenance of drug accountability records	
Monthly inventory to monitor study drug supply	
Monthly inventory to monitor expiration dates	
Communication regarding study-related issues	
Investigation and documentation of protocol violations	
Drug information support for the study	
Coordination of and participation in monitor visits	
Participation in study close-out visits	
Return of study drug/supplies after study closure	
Permanent maintenance of closed study records	
MEDICATION DISPENSING AND HANDLING FEES	
Compounded Dose	\$50/dose or prescription
Non-Compounded Dose	\$25/dose or prescription
Complex Compounding (e.g. isotopes)	\$75/hour
Drugs and Supplies	Cost + 10%
After Hours/Weekend Requirements	\$75/hour
SPECIAL STORAGE REQUIREMENTS	
Per Study, Per Month	\$10/month for refrigerated & frozen conditions

All fees are subject to change

Effective May 15, 2014

For questions concerning the pharmacy fee schedule, please contact Mike George, Pharm.D., BCPS, IDS Coordinator at 713.873.4457 or Michael.George@harrishealth.org.