

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

MEMO

Date: February 12, 2020

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 2020

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 1, 2020**.

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 or 713-566-6225 with any questions. Thank you.

Harris Health System
Research Fee Schedule 2020
Effective March 1, 2020

CPT	SERVICE	Government Discount Rate	Commercial Discount Rate	Standard Non-Discount Rate
CARDIOLOGY				
93005	EKG 12 LEAD EKG; TRACING ONLY	\$ 55.01	\$ 82.52	\$ 196.00
93017	STRESS TREADMILL - TRACING ONLY (PROSOLVE)	\$ 253.10	\$ 379.65	\$ 1,128.00
93306	ECHOCARDIOGRAM 2-D W/O CONTRAST	\$ 481.58	\$ 722.37	\$ 784.00
93307	ECHOCARDIOGRAM 2-D W/ CONTRAST	\$ 233.04	\$ 349.56	\$ 1,613.00
93308	ECHOCARDIOGRAM 2-D W/ CONTRAST FOLLOW UP (PROSOLVE)	\$ 233.04	\$ 349.56	\$ 902.00
FACILITY VISITS				
G0463	PHYSICIAN STUDY SPECIFIC CLINIC VISIT	\$ 115.93	\$ 179.90	\$ 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	\$ 10.00	\$ 10.00	\$ 10.00
	SPECIMEN PROCESSING, CENTRIFUGING & ALIQUOTTING	\$ 10.00	\$ 10.00	\$ 10.00
36415	BLOOD SAMPLE COLLECTION, SUPPLIES PROVIDED BY RESEARCHER	\$ 10.00	\$ 10.00	\$ 10.00
80048	BASIC METABOLIC PANEL	\$ 8.46	\$ 12.69	\$ 199.00
80051	ELECTROLYTES	\$ 7.01	\$ 10.52	\$ 108.00
80053	COMPREHENSIVE METABOLIC PANEL	\$ 10.56	\$ 15.84	\$ 534.00
80061	LIPID PROFILE	\$ 13.39	\$ 20.09	\$ 177.00
80076	LIVER PROFILE	\$ 8.17	\$ 12.26	\$ 244.00
81001	URINE CHEMISTRIES, MICROSCOPIC	\$ 3.17	\$ 4.76	\$ 84.00
81003	URINE CHEMISTRIES, AUTOMATED	\$ 2.25	\$ 3.38	\$ 66.00
81025	PREGNANCY TEST, URINE	\$ 8.61	\$ 12.92	\$ 13.00
82040	ALBUMIN, SERUM	\$ 4.95	\$ 7.43	\$ 41.00
82043	MICROALBUMIN, RANDOM	\$ 5.78	\$ 8.67	\$ 109.00
82088	ALDOSTERONE	\$ 40.75	\$ 61.13	\$ 46.00
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
82310	CALCIUM	\$ 5.16	\$ 7.74	\$ 41.00
82374	BICARBONATE	\$ 4.88	\$ 7.32	\$ 41.00
82435	CHLORIDE	\$ 4.60	\$ 6.90	\$ 41.00
82465	CHOLESTEROL, TOTAL	\$ 4.35	\$ 6.53	\$ 41.00
82533	CORTISOL, URINE	\$ 16.30	\$ 24.45	\$ 31.00
82550	CPK	\$ 6.51	\$ 9.77	\$ 41.00
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
82652	VITAMIN D (1-25 DI-OH)	\$ 38.50	\$ 57.75	\$ 61.00
82670	ESTRADIOL	\$ 27.94	\$ 41.91	\$ 41.00
82728	FERRITIN	\$ 13.63	\$ 20.45	\$ 96.00
82784	IGG QT	\$ 9.30	\$ 13.95	\$ 8.00
82785	GAMMAGLOBULIN; IGE, IGEL	\$ 16.46	\$ 24.69	\$ 10.00
82803	ARTERIAL BLOOD GASES	\$ 26.07	\$ 39.11	\$ 169.00
82947	GLUCOSE, BLOOD	\$ 3.93	\$ 5.90	\$ 41.00
82951	GLUCOSE TOLERANCE TEST-GTT	\$ 12.87	\$ 19.31	\$ 88.00
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
83036	HEMOGLOBIN A1C	\$ 9.71	\$ 14.57	\$ 89.00
83051	HEMOGLOBIN, PLASMA	\$ 7.31	\$ 10.97	\$ 18.00
83520	ANTIGLOMERULAR BASEMENT AB	\$ 17.27	\$ 25.91	\$ 30.00

Harris Health System
Research Fee Schedule 2020
Effective March 1, 2020

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83525	INSULIN, TOTAL	\$ 11.43	\$ 17.15	\$ 152.00
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
84075	ALKALINE PHOSPHATASE	\$ 5.18	\$ 7.77	\$ 41.00
84100	PHOSPHORUS	\$ 4.74	\$ 7.11	\$ 41.00
84132	POTASSIUM	\$ 4.76	\$ 7.14	\$ 41.00
84153	PROSTATE SPECIFIC ANTIGEN (PSA)	\$ 18.39	\$ 27.59	\$ 11.00
84155	TOTAL PROTEIN, SERUM	\$ 3.67	\$ 5.51	\$ 41.00
84156	TOTAL PROTEIN, URINE	\$ 3.67	\$ 5.51	\$ 41.00
84295	SODIUM	\$ 4.81	\$ 7.22	\$ 41.00
84436	THYROXINE TOTAL (T4)	\$ 6.87	\$ 10.31	\$ 97.00
84443	TSH	\$ 16.80	\$ 25.20	\$ 214.00
84450	AST	\$ 5.18	\$ 7.77	\$ 41.00
84460	ALT	\$ 5.30	\$ 7.95	\$ 41.00
84478	TRIGLYCERIDES	\$ 5.74	\$ 8.61	\$ 41.00
84481	FREE T3	\$ 16.94	\$ 25.41	\$ 49.00
84484	TROPONIN I	\$ 12.47	\$ 18.71	\$ 109.00
84520	BLOOD UREA NITROGEN (BUN)	\$ 3.95	\$ 5.93	\$ 41.00
84550	URIC ACID	\$ 4.52	\$ 6.78	\$ 41.00
84681	C-PEPTIDE	\$ 20.81	\$ 31.22	\$ 234.00
84703	PREGNANCY TEST, SERUM	\$ 7.52	\$ 11.28	\$ 72.00
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
85048	WHITE BLOOD COUNT	\$ 2.54	\$ 3.81	\$ 78.00
85049	PLATELET COUNT	\$ 4.48	\$ 6.72	\$ 14.00
85378	DELTA DIMER	\$ 9.72	\$ 14.58	\$ 200.00
85610	COAG PROTHROMBIN (PT/INR)	\$ 4.29	\$ 6.44	\$ 15.00
85670	THROMBIN TIME	\$ 5.77	\$ 8.66	\$ 14.00
85730	COAG PARTIAL THROMBOPLASTIN (PTT)	\$ 6.01	\$ 9.02	\$ 108.00
86160	COMPLEMENT 3	\$ 12.00	\$ 18.00	\$ 219.00
86160	COMPLEMENT 4	\$ 12.00	\$ 18.00	\$ 145.00
86255	ANA	\$ 12.05	\$ 18.08	\$ 175.00
86304	CA 125	\$ 20.81	\$ 31.22	\$ 94.00
86360	CD4/CD8 RATIO	\$ 46.98	\$ 70.47	\$ 499.00
86480	QUANTIFERON TB	\$ 61.98	\$ 92.97	\$ 94.00
86580	PPD INTRADERMAL, ADULT	\$ 22.99	\$ 34.49	\$ 20.00
86701	HIV-1 ANTIBODY	\$ 8.89	\$ 13.34	\$ 18.00
86706	HEPATITIS B SURFACE ANTIBODY	\$ 10.74	\$ 16.11	\$ 135.00
86803	HEPATITIS C VIRUS AB IGG	\$ 14.27	\$ 21.41	\$ 229.00
87040	CULTURE, AEROBIC/ANAEROBIC, BLOOD	\$ 10.32	\$ 15.48	\$ 175.00
87070	RESPIRATORY CULTURE, THROAT & NOSE	\$ 8.62	\$ 12.93	\$ 168.00
87086	URINE CULTURE	\$ 8.07	\$ 12.11	\$ 155.00
87118	AFB CULTURE CONCENTRATION PLUS ISOLATION	\$ 14.61	\$ 21.92	\$ 162.00
87205	GRAM STAIN	\$ 4.27	\$ 6.41	\$ 82.00
87206	AFB STAIN	\$ 5.39	\$ 8.09	\$ 144.00
87340	HEPATITIS B SURFACE AG	\$ 10.33	\$ 15.50	\$ 135.00
87491	CHLAMYDIA TRACHOMATIS	\$ 35.09	\$ 52.64	\$ 216.00
87517	HEPATITIS B DNA/RNA QUANT, HBVB	\$ 42.84	\$ 64.26	\$ 60.00
87522	HCV RNA BY PCR, QUANTITATIVE	\$ 42.84	\$ 64.26	\$ 511.00
87536	HIV-1 RNA (VIRAL LOAD)	\$ 85.10	\$ 127.65	\$ 501.00

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87591	N GONORRHOEAE	\$ 35.09	\$ 52.64	\$ 216.00
88164	PAP SMEAR	\$ 15.12	\$ 22.68	\$ 235.00
OTHER PROCEDURES				
32405	BIOPSY LUNG/MEDIASTINUM PERCUT NEEDLE	\$ 1,372.60	\$ 2,058.90	\$ 2,082.00
38221	BONE MARROW BIOPSY NEEDLE/TROCAR	\$ 1,372.60	\$ 2,058.90	\$ 1,526.00
45380	COLONOSCOPY, FLEX W BX; SGL/MULTI	\$ 1,004.22	\$ 1,506.33	\$ 3,104.00
45385	COLONOSCOPY, FLEX W REM LESION BY SNARE	\$ 1,004.22	\$ 1,506.33	\$ 3,104.00
46606	ANOSCOPY WITH BIOPSY	\$ 1,004.22	\$ 1,506.33	\$ 1,792.00
50200	KIDNEY BX, BY TROCAR; PERCUTANEOUS	\$ 1,372.60	\$ 2,058.90	\$ 8,874.00
62270	LUMBAR PUNCTURE, DIAGNOSTIC	\$ 625.05	\$ 937.58	\$ 1,403.00
93971	DUPLEX SCAN EXTREMITY VEINS UNILATRL/LTD	\$ 112.08	\$ 168.12	\$ 912.00
PATHOLOGY				
	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
88300	GROSS EXAM ONLY LEVEL I	\$ 22.99	\$ 34.49	\$ 44.00
88302	GROSS & MICROSCOPIC LEVEL II	\$ 22.99	\$ 34.49	\$ 82.00
88304	GROSS & MICROSCOPIC LEVEL III	\$ 49.47	\$ 74.21	\$ 109.00
88305	GROSS & MICROSCOPIC LEVEL IV	\$ 49.47	\$ 74.21	\$ 244.00
88307	GROSS & MICROSCOPIC LEVEL V	\$ 283.41	\$ 425.12	\$ 270.00
88309	GROSS & MICROSCOPIC LEVEL VI	\$ 628.20	\$ 942.30	\$ 796.00
88312	SPECIAL STAINS, GROUP I FOR MICROORGANISM	\$ 49.47	\$ 74.21	\$ 111.00
88313	SPECIAL STAINS, GROUP II ANY	\$ 33.43	\$ 50.15	\$ 72.00
88360	TUMOR IMMUNOHISTOCHEMISTRY	\$ 143.50	\$ 215.25	\$ 252.00
PHARMACY				
REFER TO END OF DOCUMENT FOR INVESTIGATIONAL DRUG SERVICE FEES				
PULMONARY				
31622	BRONCHOSCOPY DIAGNOSTIC	\$ 1,430.61	\$ 2,145.92	\$ 1,947.00
31624	BRONCHO REGID & FLEX W/ BRON ALVEO LAVAGE	\$ 1,430.61	\$ 2,145.92	\$ 1,947.00
31625	BRONCHOSCOPY WITH BIOPSY	\$ 1,430.61	\$ 2,145.92	\$ 3,192.00
94010	RESPIRATORY PROC SPIROMETRY	\$ 138.35	\$ 207.53	\$ 218.00
94060	SPIROMETRY W/ BRONCHIALDILATION PRE/POST	\$ 253.10	\$ 379.65	\$ 421.00
94375	RESPIRATORY FLOW VOLUME LOOP	\$ 253.10	\$ 379.65	\$ 351.00
94618	PULMONARY STRESS TEST SIMPLE (6 MINUTE WALK TEST)	\$ 109.03	\$ 163.55	\$ 1,100.00
94621	PULMONARY STRESS TEST COMPLEX	\$ 253.10	\$ 379.65	\$ 1,294.00
94726	PULM FUNCT TST PLETHSMOGRAP	\$ 253.10	\$ 379.65	\$ 351.00
94727	PULM FUNCT TEST BY GAS DILUTION OR WASHOUT	\$ 138.35	\$ 207.53	\$ 351.00
RADIOLOGY				
	CT CONTRAST AGENT (EST. RATES BASED ON 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	\$ 1,372.60	\$ 2,058.90	\$ 1,983.00
19082	BX BREAST ADD LESION STEREOTACTIC GUIDANCE	\$ 134.00	\$ 134.00	\$ 134.00
19083	BX BREAST 1ST LESION US IMAGING	\$ 1,372.60	\$ 2,058.90	\$ 1,983.00
19084	BX BREAST ADD LESION US IMAGING	\$ 126.00	\$ 126.00	\$ 126.00
19085	BX BREAST 1ST LESION MR IMAGING	\$ 1,372.60	\$ 2,058.90	\$ 1,526.00
19086	BX BREAST ADD LESION MR IMAGING	\$ 138.00	\$ 138.00	\$ 138.00
19100	BIOPSY BREAST NEEDLE CORE W/O IMAGE	\$ 1,372.60	\$ 2,058.90	\$ 1,983.00
19283	PERCUTANEOUS DEVICE BREAST 1ST LESION STEREOTACTIC GUIDANCE	\$ 610.01	\$ 915.02	\$ 843.00

Harris Health System
Research Fee Schedule 2020
Effective March 1, 2020

CPT	SERVICE	Government Discount Rate	Commercial Discount Rate	Standard Non-Discount Rate
70450	CT HEAD W/O CONTRAST	\$ 112.08	\$ 168.12	\$ 1,856.00
70460	CT HEAD W/ CONTRAST	\$ 182.22	\$ 273.33	\$ 2,137.00
70470	CT HEAD W/ & W/O CONTRAST	\$ 182.22	\$ 273.33	\$ 2,565.00
70498	CT NECK ANGIOGRAM W & W/O CONTRAST	\$ 182.22	\$ 273.33	\$ 3,522.00
70540	MRI FACE, NECK, ORBIT	\$ 233.04	\$ 349.56	\$ 4,313.00
70551	MRI BRAIN W/O CONTRAST	\$ 233.04	\$ 349.56	\$ 4,029.00
70552	MRI BRAIN W/ CONTRAST	\$ 381.85	\$ 572.78	\$ 4,632.00
70553	MRI BRAIN W/ & W/O CONTRAST	\$ 381.85	\$ 572.78	\$ 5,563.00
71010	CHEST 1 VIEW	\$ 79.81	\$ 119.72	\$ 251.00
71020	CHEST 2 VIEWS	\$ 79.81	\$ 119.72	\$ 292.00
71250	CT CHEST W/O CONTRAST	\$ 112.08	\$ 168.12	\$ 1,932.00
71260	CT CHEST W/ CONTRAST	\$ 182.22	\$ 273.33	\$ 2,221.00
71275	CTA CHEST W/ & W/O CONTRAST MAT	\$ 182.22	\$ 273.33	\$ 3,468.00
71550	MRI CHEST/MEDIASTINAL W/O CONTRAST	\$ 233.04	\$ 349.56	\$ 4,167.00
71551	MRI CHEST W/CONTRAST	\$ 680.82	\$ 1,021.23	\$ 4,792.00
71552	MRI CHEST W/ & W/O CONTRAST	\$ 381.85	\$ 572.78	\$ 5,751.00
72141	MRI CERVICAL SPINE W/O CONTRAST	\$ 233.04	\$ 349.56	\$ 4,111.00
72142	MRI CERVICAL SPINE W/ CONTRAST	\$ 381.85	\$ 572.78	\$ 4,729.00
72146	MRI THORACIC SPINE W/O CONTRAST	\$ 233.04	\$ 349.56	\$ 4,483.00
72147	MRI THORACIC SPINE W/ CONTRAST	\$ 381.85	\$ 572.78	\$ 5,156.00
72148	MRI LUMBAR SPINE W/O CONTRAST	\$ 233.04	\$ 349.56	\$ 4,261.00
72149	MRI LUMBAR SPINE W/ CONTRAST	\$ 381.85	\$ 572.78	\$ 4,898.00
72156	MRI CERVICAL SPINE W/ & W/O CONTRAST	\$ 381.85	\$ 572.78	\$ 5,674.00
72157	MRI THORACIC SPINE W/ & W/O CONTRAST	\$ 381.85	\$ 572.78	\$ 6,187.00
72158	MRI LUMBAR SPINE W/ & W/O CONTRAST	\$ 381.85	\$ 572.78	\$ 5,879.00
72192	CT PELVIS W/O CONTRAST	\$ 112.08	\$ 168.12	\$ 2,013.00
72193	CT PELVIS W/ CONTRAST	\$ 182.22	\$ 273.33	\$ 2,317.00
72195	MRI PELVIS W/O CONTRAST	\$ 233.04	\$ 349.56	\$ 4,205.00
73220	MRI UPPER EXTREMITY W/ & W/O CONTRAST	\$ 381.85	\$ 572.78	\$ 3,702.00
73700	CT EXTREMITY LOWER W/O CONTRAST	\$ 112.08	\$ 168.12	\$ 1,498.00
74000	ABDOMEN (KUB)	\$ 79.81	\$ 119.72	\$ 229.00
74150	CT ABDOMEN W/O CONTRAST	\$ 112.08	\$ 168.12	\$ 2,498.00
74160	CT ADBOMEN W/ CONTRAST	\$ 182.22	\$ 273.33	\$ 2,876.00
74170	CT ABDOMEN W/ & W/O CONTRAST	\$ 182.22	\$ 273.33	\$ 3,447.00
74176	CT ABDOMEN AND PELVIS W/O CONTRAST	\$ 233.04	\$ 349.56	\$ 4,511.00
74177	CT ABDOMEN & PELVIS W/ CONTRAST	\$ 381.85	\$ 572.78	\$ 5,193.00
74178	CT ABDOMEN & PELVIS, 1 OR MORE SECTIONS/BODY REGIONS	\$ 381.85	\$ 572.78	\$ 6,226.00
74181	MRI ABDOMEN W/O CONTRAST	\$ 233.04	\$ 349.56	\$ 4,684.00
74182	MRI ABDOMEN WITH CONTRAST	\$ 381.85	\$ 572.78	\$ 5,387.00
74183	MRI ABDOMEN W/ & W/O CONTRAST	\$ 381.85	\$ 572.78	\$ 6,466.00
75574	CT ANGIO HRT W/ 3D IMAGE	\$ 182.22	\$ 273.33	\$ 323.00
75820	VENOGRAM EXTREMITY, UNILATERAL	\$ 630.51	\$ 945.77	\$ 1,243.00
75822	VENOGRAM EXTREMITY, BILATERAL	\$ 1,631.13	\$ 2,446.70	\$ 1,446.00
76641	ULTRASOUND BREAST	\$ 112.08	\$ 168.12	\$ 614.00
76700	ULTRASOUND ABDOMEN	\$ 112.08	\$ 168.12	\$ 824.00
76770	ULTRASOUND RENAL	\$ 112.08	\$ 168.12	\$ 787.00
76942	ULTRASOUND GUIDANCE BIOPSY	\$ 162.10	\$ 243.15	\$ 1,169.00
77012	CT GUIDANCE FOR NEEDLE BIOPSY	\$ 275.67	\$ 413.50	\$ 1,988.00
77066	DIAGNOSTIC MAMMOGRAPHY BILATERAL	\$ 122.91	\$ 184.37	\$ 303.00
77067	SCREENING MAMMOGRAPHY BILATERAL	\$ 101.93	\$ 152.90	\$ 139.00
77075	BONE/SKELETAL SURVEY COMPLETE	\$ 112.08	\$ 168.12	\$ 441.00
77080	BONE DENSITY DUAL ENERGY ABSORPTION (DXA)	\$ 112.08	\$ 168.12	\$ 564.00
78814	PET IMAGE W/ CT, LMTD	\$ 1,443.16	\$ 2,164.74	\$ 1,888.00
78815	PET IMAGE W/ CT, SKULL-THIGH	\$ 1,443.16	\$ 2,164.74	\$ 1,888.00
78816	PET IMAGE W/ CT, FULL BODY	\$ 1,443.16	\$ 2,164.74	\$ 1,888.00

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 contact Celia Fenceroy, Pharm.D., Investigational Drug Service Manager at 713-873-4457 or Celia.Fenceroy@harrishealth.org.