

ORDINANCE NO. 73-2018

AN ORDINANCE AMENDING ORDINANCE 54-2018 ADOPTING FEES AND CHARGES, BY AMENDING THE ATCPHD SCHEDULE OF DISCOUNTS FOR FEES AND CHARGES FOR THE ABILENE TAYLOR COUNTY PUBLIC HEALTH DISTRICT; REPEALING ALL ORDINANCES AND PARTS OF ORDINANCES, RESOLUTIONS AND PARTS OF RESOLUTIONS IN CONFLICT HEREWITH; PROVIDING A SEVERABILITY CLAUSE; AND CALLING A PUBLIC HEARING.

WHEREAS, City Council adopted Ordinance 54-2018 (the "Fee Ordinance") on September 13th, 2018 setting fees and charges commencing on October 1, 2018; and

WHEREAS, it was contemplated that the Fee Ordinance would require amendment from time to time to modify and update fees and charges; and

WHEREAS, the ATCPHD was awarded grant funding from the Women's Health and Family Planning Association of Texas to provide certain medical counseling, educational, and outreach activities in the area of family planning; and

WHEREAS, the grant specifically prohibits any grant resources to be used to perform or promote any abortion procedures; and

WHEREAS, the grant requires ATCPHD to adopt a schedule of discounts for charges to low income patients for services rendered.

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF ABILENE, TEXAS:

Part 1: That the Schedule of Fees and Charges for Abilene Taylor County Public Health District, be amended as set forth in Exhibit "A", attached hereto and made a part of this Ordinance for all purposes.

Part 2: That all ordinances, parts of ordinances, resolutions and parts of resolutions in conflict herewith are repealed.

Part 3: That if any provision or any section of this ordinance shall be held to be void or unconstitutional, such holding shall in no way affect the validity of the remaining provisions or sections of this ordinance, which shall remain in full force and effect.

PASSED ON FIRST READING on the 6th day of December, 2018.

A notice of time and place, where and when said ordinance would be given a public hearing and considered for final passage was published in the Abilene Reporter-News, a daily newspaper of general circulation in the City of Abilene, said publication being on the 16th day of December, 2018, the same being more than 24 hours prior to a public hearing being held in the Council Chamber of City Hall in Abilene, Texas, at 1:00 p.m. on the 20th day of December, 2018, to permit the public to be heard.

PASSED ON THE SECOND AND FINAL READING this 20th day of December, 2018.

ATTEST:



Rosa Rios, City Secretary



Anthony Williams, Mayor

APPROVED:



Stanley Smith, City Attorney



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Exhibit A

SERVICE	0-100%	101-133%	134-150%	151-185%	186-225%	226-250%	251%+
	0% pay	10% pay	15% pay	25% pay	50% pay	75% pay	Full Fee
WWE/ NP Exam	\$ -	\$ 8.80	\$ 13.20	\$ 22.00	\$ 44.00	\$ 66.00	\$ 88.00
Nurse Visit	\$ -	\$ 1.00	\$ 1.50	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
Routine OV	\$ -	\$ 3.30	\$ 4.95	\$ 8.25	\$ 16.50	\$ 24.75	\$ 33.00
Complex OV	\$ -	\$ 6.00	\$ 9.00	\$ 15.00	\$ 30.00	\$ 45.00	\$ 60.00
UA	\$ -	\$ 0.50	\$ 0.75	\$ 1.25	\$ 2.50	\$ 3.75	\$ 5.00
Urine PT	\$ -	\$ 0.50	\$ 0.75	\$ 1.25	\$ 2.50	\$ 3.75	\$ 5.00
Serum PT	\$ -	\$ 1.30	\$ 1.95	\$ 3.25	\$ 6.50	\$ 9.75	\$ 13.00
Wet Mount	\$ -	\$ 0.50	\$ 0.75	\$ 1.25	\$ 2.50	\$ 3.75	\$ 5.00
BC Pills (per pack)	\$ -	\$ 0.50	\$ 0.75	\$ 1.25	\$ 2.50	\$ 3.75	\$ 5.00
Depo	\$ -	\$ 3.50	\$ 5.25	\$ 8.75	\$ 17.50	\$ 26.25	\$ 35.00
IUD	\$ -	\$ 93.10	\$ 139.65	\$ 232.75	\$ 465.50	\$ 698.25	\$ 931.00
IUD Removal	\$ -	\$ 7.70	\$ 11.55	\$ 19.25	\$ 38.50	\$ 57.75	\$ 77.00
Nexplanon	\$ -	\$ 97.30	\$ 145.95	\$ 243.25	\$ 486.50	\$ 729.75	\$ 973.00
Nexplanon Removal	\$ -	\$ 10.80	\$ 16.20	\$ 27.00	\$ 54.00	\$ 81.00	\$ 108.00
Nuvaring (box of 3)	\$ -	\$ 4.50	\$ 6.75	\$ 11.25	\$ 22.50	\$ 33.75	\$ 45.00

LABORATORY				INJECTIONS	
Specimen Collection		Pregnancy		<input type="checkbox"/>	PPD
<input type="checkbox"/> 36415	Blood Draw	<input type="checkbox"/> 84703	Serum Preg. Test	<input type="checkbox"/> 96372	Depo-Provera Inj.
<input type="checkbox"/>	Gen Probe	<input type="checkbox"/> 81025	Urine Pre. Test	<input type="checkbox"/> 96372	Rocephin
<input type="checkbox"/> Q0091	Pap Collection	Urinalysis		<input type="checkbox"/> 90471	Admin 1st vaccine
<input type="checkbox"/>	Sputum #	<input type="checkbox"/> 81002	Urinalysis ChemStrip	<input type="checkbox"/> 90472	Admin each additional vaccine
<input type="checkbox"/>	Swab	Chemistry (Main)		<input type="checkbox"/> J3490	Injection treating infections
<input type="checkbox"/>	Urine	<input type="checkbox"/> 80048	BMP-8	VACCINES (Safety Net - VFC) ICD 10 Z23 for all	
<input type="checkbox"/>	Wet Mount	<input type="checkbox"/> 82465	Cholesterol	<input type="checkbox"/> 90686	Flu (35 months +)
Hematology (Main)		<input type="checkbox"/> 80053	CMP-14	<input type="checkbox"/> 90685	Flu (6 - 35 months)
<input type="checkbox"/> 025	CBC w/ Diff	<input type="checkbox"/> 82947	Glucose	<input type="checkbox"/> 90746	Hep B
<input type="checkbox"/> 027	CBC w/o Diff	<input type="checkbox"/> 80061	Lipid	<input type="checkbox"/> 90649	HPV (Gardasil)
<input type="checkbox"/> 85651	ESR	<input type="checkbox"/> 80076	Liver Profile	<input type="checkbox"/> 90707	MMR
<input type="checkbox"/> 85014	Hematocrit	<input type="checkbox"/>		<input type="checkbox"/>	Routine
<input type="checkbox"/> 85018	Hemoglobin	Chemistry (Quest)		<input type="checkbox"/> 90714	Td
Hematology (Quest)		<input type="checkbox"/> 86762	Rubella Antibody	<input type="checkbox"/> 90715	Tdap
<input type="checkbox"/> 83036	HgbA1C	<input type="checkbox"/> 84443	TSH	PROCEDURES	
<input type="checkbox"/> 83655	Lead	<input type="checkbox"/> 84439/6	T4 Free / Total	<input type="checkbox"/> 11981	Horm. Imp. Ins. Z30.49
Specimen Referrals		<input type="checkbox"/> 84479	T3 Uptake	<input type="checkbox"/>	Horm. Imp. Presence Z30.49
<input type="checkbox"/>	Main Lab #	<input type="checkbox"/> 86787	Varicella	<input type="checkbox"/> 11976	Horm. Imp. Removal Z30.49
<input type="checkbox"/> 99000	Hendrick #			<input type="checkbox"/> 58301	IUD Removal Z30.432
<input type="checkbox"/> 99000	Quest #			<input type="checkbox"/> 58300	IUD Insert Z30.430
Refer to DSHS		Serology (Main)		<input type="checkbox"/>	IUD Presence/Surveillance Z30.431
<input type="checkbox"/> 86703	HIV	<input type="checkbox"/> 86592	RPR	MEDICATIONS	
<input type="checkbox"/> 87902	Hep C IgG (HCV)	Other Lab Tests		<input type="checkbox"/> A9150	Flagyl (Metronidazole) # _____
<input type="checkbox"/> 87340	Hep B Surface Ag	<input type="checkbox"/> 87086	C/S	<input type="checkbox"/> J3301	Kenalog inj. (40mg)
<input type="checkbox"/> 86706	Hep B Surface Ab	C/S Source:		<input type="checkbox"/> J2001	Lidocaine Inj. (10mg)
<input type="checkbox"/> 86704	Hep B Core	<input type="checkbox"/> 81015	Urinalysis Micro	<input type="checkbox"/> J0696	Rocephin (Ceftriaxone) Inj. (250mg)
<input type="checkbox"/> 86708	Hep A (T.Ab)	<input type="checkbox"/> 82270	Fecal Occult Blood	<input type="checkbox"/>	
Refer to Dallas County		<input type="checkbox"/> 82947	Glucose (FSBS)	<input type="checkbox"/>	
<input type="checkbox"/> 87810	Chlamydia	<input type="checkbox"/> 87880	Strep Screen	CONTRACEPTIVE SUPPLIES	
<input type="checkbox"/> 87850	Gonorrhea	<input type="checkbox"/> 87210	Wet Mount	<input type="checkbox"/> J7307	Birth Control Implant #
Refer to Clinical Pathology Associates				<input type="checkbox"/> J7303	Birth Control Ring #
<input type="checkbox"/> 87621	High Risk HPV Pap	<input type="checkbox"/> 88164	Cervical Pap Z12.4	<input type="checkbox"/> J7298	IUD #
<input type="checkbox"/> 88142	Thin Prep Pap Smear	<input type="checkbox"/>	Birth Control Pap	<input type="checkbox"/> J1050	Depo/MPA 150 mg
<input type="checkbox"/> 88164	Vaginal Pap Z12.72	<input type="checkbox"/>	Screening Only Pap	<input type="checkbox"/> S4993	BC Pills #
DIABETES				<input type="checkbox"/> A4267	Condoms #
<input type="checkbox"/>	Diab M w/o Complication			<input type="checkbox"/>	
<input type="checkbox"/>	Diab M w/o Comp Type 2 or unspecified			COUNSELING	
<input type="checkbox"/>	Diab M w/o Comp Type 1 not stated as uncontrolled			<input type="checkbox"/> 97802	Initial Nutrition and Counsel
<input type="checkbox"/>	Diab M w/o Comp Type 2 or unspec Type controlled			<input type="checkbox"/> 97803	Nutrition reassessment
<input type="checkbox"/>	Diab M w/o Comp Type 1 controlled			<input type="checkbox"/> 99406	Smoking Cessation
DIABETIC SUPPLIES				REFERRALS	
<input type="checkbox"/> A4253	Glucose Test Strips # _____ boxes	<input type="checkbox"/>		<input type="checkbox"/>	Mammogram/other Breast Exam
<input type="checkbox"/> A4259	Lancets # _____ boxes	<input type="checkbox"/>		<input type="checkbox"/>	X-ray & Biophysical Tests
<input type="checkbox"/> 4256	Control Solution # _____ bottles	<input type="checkbox"/>		<input type="checkbox"/>	Ultrasound
<input type="checkbox"/> 607	Blood Glucose Monitor	<input type="checkbox"/>		<input type="checkbox"/>	Colposcopy, Biopsy or LEEP

Notes: _____

Follow-up in: Days _____ Weeks _____ Months _____

Provider's Signature: _____

Date: _____