17

FY2015 WISE COUNTY ELECTION FEES

| | |
|---|---|
| PROGRAMMING ELECTION EQUIPMENT FEES: PER ELECTION | $300.00 |
| RENTAL OF VOTING EQUIPMENT: PER UNIT PER/VOTING PERIOD | $300.00 |
| ELECTION ADMINISTARTION FEE PER ELECTIONS SERVICE CONTRACT | 10% OF TOTAL BILLED |
| | |

FY15 ANIMAL CONTROL FEES

| | |
|---|---|
| ANIMAL CONTROL FEES:<br>DOGS/CATS | |
| ADOPTION FEE | $30.00 |
| IMPOUND FEE/FIRST DAY | $20.00 |
| EACH DAY AFTER | $6.00 |
| EUTHANSIA OF OWNED ANIMALS | $35.00 |
| PICK UP OWNED ANIMAL S FOR EUTHANASIA | $50.00 |
| QUARANTINE FEE (10 DAY OBSERVATION) | $135.00 |
| CITY FEE PER ANIMAL BROUGHT TO SHELTER FOR EUTHANASIA/ADOPTION | $35.00 |
| CITY FEE FOR ANIMAL PICKED UP FOR EUTHANSIA/ADOPTION | $50.00 |
| CITY FEE FOR SERVICE CALL | $25.00 |
| CITY FEE FOR CALL OUT AFTER HOURS | $75.00 |
| | |

**WISE COUNTY 9-1-1 ADDRESSING**
1415 SOUTH FM 51
DECATUR, TEXAS 76234
(940) 627-9332• FAX (940) 627-6171
911Addressing@co.wise.tx.us

TO: ANN McCUISTON
Wise County Auditor

FROM: Phyllis R. Shaw, Wise County 9-1-1 Addressing Coordinator

DATE: August 26, 2014

RE: Fees Charged for FY 2015

| | |
|---|---|
| WALL MAPS | $25.00 |
| MAP BOOKS | 50.00 |
| INDIVIDUAL PAGES (Map book) | .75 |
| RESIDENTIAL SIGNS 6" X 18" | 25.00 |
| RESIDENTIAL SIGNS 6" X 24" | 30.00 |
| RESIDENTIAL SIGNS WITH CAP & POLE (6" X 18") | 50.00 |
| RESIDENTIAL SIGNS WITH CAP & POLE (6" X 24") | 55.00 |
| POLE WITH CAP | 25.00 |

Please do not hesitate to contact me if you have any questions regarding this matter.

Thank you.

Phyllis R. Shaw

Phyllis R. Shaw
Wise County 9-1-1 Addressing Coordinator

**Wise County EMS**

EMS Billing
Procedures & Rates

Wise County EMS has established the following rates for various ambulance service charges. At any time, in accordance with the Service Agreement, Wise County EMS may modify these rates and/or billing procedures, with proper notice.

Additional instructions regarding billing procedures and rates are located near the end of this document.

Wise County EMS's current rate schedule (the "Chargemaster") begins on the next page.

**Wise County EMS**

EMS Billing
Procedures & Rates

| Chargemaster Item | Rate | Medicaid | Medicare |
|---|---|---|---|
| ALS Emergency Mileage | 15.00 | 15.00 | 15.00 |
| ALS Non-Emergency Mileage | 15.00 | 15.00 | 15.00 |
| ALS Supplies - Airway Management | 94.00 | * | * |
| ALS Supplies - Autopulse | 472.10 | * | * |
| ALS Supplies - Capnography | 156.00 | * | * |
| ALS Supplies - Defibrillation | 210.00 | * | * |
| ALS Supplies - EKG Pads | 36.75 | * | * |
| ALS Supplies - External Pacing | 210.00 | * | * |
| ALS Supplies - IO Infusion | 262.25 | * | * |
| ALS Supplies - IV Therapy | 258.00 | * | * |
| ALS Supplies - Intubation | 100.00 | * | * |
| ALS Supplies - NG Tube | 88.00 | 88.00 | * |
| ALS Supplies - Routine Disposable | 52.50 | 52.50 | * |
| ALS Supplies - Surgical Airway | 314.75 | * | * |
| ALS1 Emergency Base Rate | 855.00 | 855.00 | 855.00 |
| ALS1 Non-Emergency Base Rate | 855.00 | 855.00 | 855.00 |
| ALS2 Base Rate | 900.00 | 900.00 | 900.00 |
| Ambulance Wait Time (30 min) | 31.47 | * | * |
| BLS Emergency Base Rate | 787.00 | 787.00 | 787.00 |
| BLS Emergency Mileage | 15.00 | 15.00 | 15.00 |
| BLS Non-Emergency Base Rate | 787.00 | 787.00 | 787.00 |
| BLS Non-Emergency Base Rate (NMN) | 200.00 | * | * |
| BLS Non-Emergency Mileage | 15.00 | 15.00 | 15.00 |
| BLS Non-Emergency Mileage (NMN) | 7.00 | * | * |
| BLS Supplies - Defibrillation (AED) | 42.00 | * | * |
| BLS Supplies - Morgan Lens | 85.00 | * | * |
| BLS Supplies - Routine Disposable | 52.50 | 52.50 | * |
| BLS Supplies - Scoop Stretcher | 35.00 | * | * |
| BLS Supplies - Stair Chair | 55.00 | * | * |
| Blood Glucose Test | 45.64 | * | * |
| Bone Injection Adult | 250.00 | * | * |
| Bone Injection Pedi | 250.00 | * | * |
| Dispatch Fee | 94.00 | * | * |
| Disposable Linen Kit | 25.00 | * | * |
| Drug - Activated Charcoal 20cc PO | 12.50 | * | * |
| Drug - Adenosine 6mg | 66.62 | * | * |
| Drug - Amiodarone HCl 150 mg / 3 mL | 335.71 | * | * |
| Drug - Aspirin Chewable 81 mg | 2.10 | * | * |
| Drug - Atropine Sulfate 0.3 mg | 14.69 | * | * |
| Drug - Calcium Chloride 1 gm / 10 mL | 7.75 | * | * |
| Drug - Dextrose 50% (D50) | 18.88 | * | * |
| Drug - Diazepam 5 mg | 26.23 | * | * |
| Drug - Diltiazem HCL 5mg | 61.88 | * | * |
| Drug - Diphenhydramine 50 mg | 9.44 | * | * |
| Drug - Dobutamine, per 250 mg | 54.55 | * | * |
| Drug - Dolasetron 10 MG | 55.00 | * | * |
| Drug - Dopamine 400mg/250cc bag of D5W | 22.03 | * | * |
| Drug - Droperidal 5mg | 41.70 | * | * |
| Drug - EPI 1 mg/10 mL IV | 9.32 | * | * |
| Drug - EPI 1 mg/cc IV | 15.74 | * | * |
| Drug - Effient 30mg | 53.01 | * | * |

**Wise County EMS**

EMS Billing
Procedures & Rates

| Chargemaster Item | Rate | Medicaid | Medicare |
|---|---|---|---|
| Drug - Effient 60mg | 106.02 | * | * |
| Drug - Etomidate 20mg/vial | 33.57 | * | * |
| Drug - Furosemide 20 mg | 20.72 | * | * |
| Drug - Geodon | 40.00 | * | * |
| Drug - Glucagon 1 mg | 136.38 | * | * |
| Drug - Hespan 500ml | 75.60 | * | * |
| Drug - Hydrocortisone 100MG | 42.59 | * | * |
| Drug - Hydromorphone 4 MG | 64.00 | * | * |
| Drug - Hydromorphone 4 MG | 64.00 | * | * |
| Drug - Ipratropium Bromide .18 mg | 5.25 | * | * |
| Drug - Ketorlac 15 mg | 48.00 | * | * |
| Drug - Labetolol 10 mg | 44.59 | * | * |
| Drug - Lidocaine Drip 1 gm / 25 mL | 52.50 | * | * |
| Drug - Lidocaine HCl (2%) 50 mg | 26.23 | * | * |
| Drug - Lopresor 5mg IVP | 42.00 | * | * |
| Drug - Lorazepam 2 mg | 43.01 | * | * |
| Drug - Mag Sulfate, per 500 mg | 22.03 | * | * |
| Drug - Methylprednisolone 125 mg | 41.44 | * | * |
| Drug - Midazolam HCl 1 mg | 41.96 | * | * |
| Drug - Morphine Sulfate, 10 mg | 58.75 | * | * |
| Drug - NTG Spray 0.4 mg SL | 6.99 | * | * |
| Drug - Naloxone 1 mg IV | 12.65 | * | * |
| Drug - Nitrous Oxide gas | 80.00 | * | * |
| Drug - Ondansetron 1 mg | 55.00 | * | * |
| Drug - Oxytocin 10 unit/1mL | 19.93 | * | * |
| Drug - Plavix 75mg | 21.00 | * | * |
| Drug - Procainamide HCl, 1 g | 39.45 | * | * |
| Drug - Promethazine, 50 mg | 33.05 | * | * |
| Drug - Proparacaine Opth gtts | 39.00 | * | * |
| Drug - Racemic Epi Neb | 45.00 | * | * |
| Drug - Sodium Bicarbonate 50 CC | 7.74 | * | * |
| Drug - Sublimaze 1mL | 75.75 | * | * |
| Drug - Succinylcholine 20 ml | 8.39 | * | * |
| Drug - Terbutaline Sulfate 1 mg | 26.02 | * | * |
| Drug - Tetracaine gtts | 19.50 | * | * |
| Drug - Thiamine 100 mg IV | 3.36 | * | * |
| Drug - Tridil Drip | 150.00 | * | * |
| Drug - Vasopressin 40 units | 54.55 | * | * |
| Drug - Vecuronium 10 mg | 110.00 | * | * |
| Drug - Xopenex 1.25 mg | 35.50 | * | * |
| Drug - Zocor | 1.00 | * | * |
| EKG Interpretation | 260.00 | * | * |
| ETCO2 Bulb Adult | 32.50 | * | * |
| ETCO2 Bulb Pedi | 32.50 | * | * |
| EZ IO | 375.00 | * | * |
| Emergency Rate | 94.00 | * | * |
| Extra Attend - 300+ lb Patient | 40.00 | * | * |
| Extra Attend - CPR | 147.00 | * | * |
| Extra Attend - Heavy Extrication | 250.00 | * | * |
| Extra Attend - Long Stairs | 40.00 | * | * |
| IV - Blood Draw Procedure | 21.00 | * | * |

**Wise County EMS**

EMS Billing
Procedures & Rates

| Chargemaster Item | Rate | Medicaid | Medicare |
|---|---|---|---|
| IV - Collection Tubes | 18.75 | * | * |
| IV - D5W 250CC | 26.30 | 26.30 | * |
| IV - NTG Drip 25mg 250mL IVP | 27.15 | * | * |
| IV - Normal Saline 1000CC | 47.75 | * | * |
| IV - Normal Saline 500CC | 41.90 | * | * |
| Night Call (8p - 8a) | 84.00 | * | * |
| Oxygen, Administration, & Supplies / hr | 119.00 | 119.00 | * |
| Pulse Oximeter | 94.50 | * | * |
| SCT Emergency Base Rate | 1662.96 | 1662.96 | 1662.96 |
| Spinal Immobilization | 184.50 | * | * |
| Treatment / No-Transport | 175.00 | 175.00 | 175.00 |
| Weekend Call | 84.00 | * | * |

* indicates that charges are waived.

Medicaid patients are only billed the indicated charges.

Only one base rate charge shall be applied to each account.

Base rate and mileage charges shall be applied in accordance with guidelines established by the Center for Medicare & Medicaid Services.

Wise County EMS instructs its billing agent(s) to assign/adjust off all amounts as permitted or required by Federal and State law and applicable payment policy.

Wise County EMS in accordance with CMS Manual Section 2309.4 demands that its billing agent(s) waive copayments and deductibles for patients marked "In District" or "Resident" on the electronic patient care report, as permitted by Federal and State law.

Night Rate should be charged for all patient encounters occurring between the hours of 8 pm to 8 am, as determined by the call dispatch time, unless otherwise prohibited or excluded by the Chargemaster.

Weekend Rate should be charged for all patient encounters between 8 pm Friday to 8 am Monday, as determined by the call dispatch time, unless otherwise prohibited or excluded by the Chargemaster.

Dispatch Fee should be charged for all patient encounters, unless otherwise prohibited or excluded by the Chargemaster.

Disposable Linens should be charged for all patient encounters, unless otherwise prohibited or excluded by the Chargemaster.

Routine Disposable Supplies should be charged for all patient encounters, unless otherwise prohibited or excluded by the Chargemaster.

The BLS Emergency Base Rate and supplies used shall be applied to all accounts where the patient has been determined as deceased on Scene after the dispatch but before the patient has been loaded onboard the ambulance. No mileage will be charged in that case. If the patient is determined as deceased after pickup but prior to arrival at the receiving facility, the medically necessary level of service will be billed. In that case, it would be at least ALS-1 Emergency if a paramedic assessment was performed, or other ALS interventions where provided. Loaded mileage may also be billed in accordance with Federal and State law and applicable payment policy.

Unless determined Dead on Scene, patients that are not transported are only billed the Treatment / No Transport fee if an intervention is performed, or a patient assessment is performed. A patient assessment requires documentation of at least two vital signs (pulse, respirations, blood pressure, etc).

Supply and procedure charges should be billed for attempted procedures (IV, intubation, bone needles), even if the attempt is not successful, unless otherwise prohibited or excluded by the Chargemaster.

The Emergency Rate should be applied to all accounts, when transport to the destination facility is deemed an emergency by the reporting medic, unless otherwise prohibited or excluded by the Chargemaster.