

**Department of State Health Services  
Council Agenda Memo for State Health Services Council  
February 24-25, 2016**

**Agenda Item Title:** Amendments to rules concerning fee schedules for clinical testing, newborn screening, and chemical analysis

**Agenda Number:** 4.j.

**Recommended Council Action:**

For Discussion Only

For Discussion and Action by the Council

**Background:**

The Laboratory Services Section (LSS), in the Division for Disease Control and Prevention Services, supports public health programs by providing analysis of human, animal, and environmental specimens and samples.

About 1.3 million specimens and environmental samples are processed each year, including:

- the testing of 276,352 specimens as part of the Texas Health Steps Program;
- the testing of 150,595 microbiological specimens associated with communicable diseases, foodborne outbreaks, tuberculosis, infectious agents, viruses, rabies, and other health threats;
- the testing of 39,657 drinking water samples;
- the testing of 74,716 samples at the South Texas Laboratory; and
- 788,612 samples for the screening of 400,000 newborns for 51 disorders.

The LSS is supported with \$34 million in general revenue, which includes \$7.8 million in Public Health Service Fees and \$14.7 million in Medicaid reimbursements. An additional \$5.3 million in federal funding is received from the Centers for Disease Control and Prevention, Assistant Secretary for Preparedness and Response, and the Food and Drug Administration. Program costs are offset by other fees for services and inter-agency contracts.

**Summary:**

The purpose of the amendments is to make adjustments in fee schedules for clinical testing, newborn screening, and chemical analysis. The proposed changes add new tests, delete low volume tests, and update fees.

The proposed rule changes delete low volume tests, which is defined as ordered less than 100 times in fiscal year 2015; not considered a core public health test; and are readily available from commercial laboratories. The proposed amendment updates fees associated with testing and adds new tests that support core public health. Those few clinical tests that would no longer be offered by DSHS under this rulemaking proposal are available at commercial laboratories. The proposed fee changes reflect DSHS's current costs for providing the services at issue.

Work Load Unit (WLU) studies were conducted on tests in the lab that have had significant changes to methodologies, consumables or other factors. These updated WLU resulted in 10 fees that are proposed to be increased and 4 fees that will be decreased.

**Key Health Measures:**

The adjusted fee schedule reflects the Laboratory's true costs of testing and complies with Senate Bill 80, 82<sup>nd</sup> Legislature, Regular Session, 2011, regarding the fee and revenue recovery methodology. Adjusting the fee schedule will ensure that the Laboratory is more likely to generate enough revenue to maintain the current level of services to all providers.

The Laboratory reports two performance measures to the Texas Legislature that includes the number of laboratory tests performed and the average cost per test performed. The amendments include adding 14 new tests, deleting 13 low-volume tests, reducing the fee of 4 tests, changing the name of 5 tests, and increasing the fee of 10 tests. Below is a representation of some of the fee changes.

Test	Current Price	Proposed Price	% Increase or Decrease
Newborn screening panel	\$33.60	\$55.24	64% increase
Cystic fibrosis mutation panel	\$147.22	\$175.19	19% increase
Hemoglobin DNA HbS, HbC, HbE, HbD, or HbO-Arab	\$186.84	\$255.72	37% increase
Hemoglobin DNA beta-globin gene sequencing	\$783.42	\$1054.24	35% increase
Hemoglobin DNA common beta-thalassemia mutation	\$213.21	\$287.66	35% increase
Galactosemia common mutation panel	\$383.21	\$529.03	38% increase
Medium chain acyl-CoA dehydrogenase deficiency common mutation panel	\$280.79	\$374.95	34% increase
HIV serum, multi-spot	\$40.74	\$83.74	106% increase
Norovirus PCR	\$55.77	\$162.96	192% increase
Emerging disease, PCR	\$116.22	\$137.31	18% increase
Respiratory viral panel, PCR	\$167.13	\$149.82	10% decrease
Perchlorate, EPA method 314.0	\$1008.60	\$21.58	98% decrease
Routine water mineral group, EPA methods 300.0, 353.2, SM, 19th edition, 2320B, 2510B and 2540C	\$106.39	\$102.25	4% decrease
Chlorophenoxy herbicides, EPA method 515.4	\$313.25	\$99.53	68% decrease

**Summary of Input from Stakeholder Groups:**

In general, the rule amendments are not expected to be controversial. Historically, the LSS has received little to no public comments on proposed rule changes. However, there may be comments from newborn screening providers in regards to the fee increase for the newborn screening kit for private pay.

The increased fee for newborn screening paid kits was discussed at the Newborn Screening Advisory Committee on October 9, 2015. Stakeholder notification occurred via conference call on November 11, 2015. Several professional associations and a nonprofit organization participated in the call. In January 2016, a stakeholders meeting was held regarding the newborn screening fee increase, with representatives from the Texas Hospital Association, Texas Medical Authority, and Texas Pediatric Society in attendance. Additional stakeholder input will be gathered when the updated fee schedule is posted for comment in the *Texas Register*.

**Proposed Motion:**

Motion to recommend HHSC approval for publication of rules contained in agenda item # 4.j.

**Approved by Assistant Commissioner/Director:**

Janna Zumbrun

**Date:**

1/25/2016

**Presenter:**

Grace Kubin

**Program:**

Laboratory Services

**Phone No.:**

512-776-2468

**Approved by CCEA:**

Carolyn Bivens

**Date:**

1/25/2016

Title 25. Health Services  
Part 1. Department of State Health Services  
Chapter 73. Laboratories  
Amendments §73.54, §73.55

Proposed Preamble

The Executive Commissioner of the Health and Human Services Commission, on behalf of the Department of State Health Services (department), proposes amendments to §73.54 and §73.55 concerning fee schedules for clinical testing, newborn screening, and chemical analysis.

BACKGROUND AND PURPOSE

This rule package concerns fees for laboratory services--specifically, fee schedules for clinical testing, newborn screening, and chemical analysis.

The proposed amendments to §73.54 and §73.55 are necessary to update the fee schedules to incorporate new laboratory tests, adjust fees associated with testing, and delete low volume laboratory tests that are no longer performed by the department. "Low volume" tests are defined as tests that were ordered less than 100 times in fiscal year 2015, and are not considered core public health tests. These "low volume" tests are readily available at commercial laboratories.

The department uses a standardized formula to set fees to reflect the current actual costs. Senate Bill (SB) 80, 82nd Legislature, Regular Session, 2011, required that the department: (1) develop, document, and implement procedures for setting fees for laboratory services, including updating and implementing a documented cost allocation methodology that determines reasonable costs for the provision of laboratory tests; and (2) analyze the department's costs and update the fee schedule as needed in accordance with Texas Health and Safety Code, §12.032(c). In a past rulemaking action (adopted October 2012), the Laboratory Services Section (LSS) developed and documented a cost accounting methodology and determined the costs for each test listed in the fee schedule. The methodology for determining the cost per test included calculating the specific costs of performing a test or analysis, and the administrative and overhead costs necessary to operate the state laboratories in question. It is these figures together that determined the fee amount for each of the tests in these fee schedules. In order to determine the specific cost for each test or analysis, the LSS performed a work load unit study for every procedure or test offered by the laboratory. A "work load unit" is defined as a measurement of staff time, consumables, and testing reagents required to perform each procedure from the time the sample enters the laboratory until the time the results are reported. More than 3,000 procedures performed by the department's LSS were included in this analysis. These procedures translated to approximately 700 different tests listed in the department fee schedule. It was understood at that time that the department would need to make periodic subsequent changes to its fee schedule in the rules in order to reflect changes in actual cost over time. Whenever such rulemaking actions are proposed, they employ the same fee calculation methodology mandated by law in 2011. In the current rulemaking proposal, this same approach was employed on a much smaller number of tests.

Currently, the Newborn Screening (NBS) Program is not able to recover the cost of testing and follow-up on abnormal screens because the cost to perform these activities is far more than is represented by the current fee of \$33.60, the 10th lowest fee in the United States. An increase of the NBS fee to \$55.24 would make Texas' fee the 13th lowest in the nation.

The NBS fee is composed of LSS and clinical care coordination costs. In addition to the components included in the cost accounting module reference in the Background and Purpose, clinical care

coordination costs for care coordination at the department's central office, case management in health service regions, and client benefits are also included in the fee for NBS.

The LSS portion of the fee is \$48.67 and the clinical care coordination portion is \$6.57.

There are many factors that contributed to the need for an increased fee for the NBS panel.

- NBS testing panel costs have not been reviewed since 2011.

- Cost to add severe combined immunodeficiency (SCID) screening in 2012 was an estimate. A work-load unit study was done recently to determine the exact direct cost.

- Increase in testing reagents and consumables costs for NBS testing.

- Contract with the vendor has increased 9.88% since 2011.

- Costs for SCID screening reagents/consumables have increased up to 22.30% since implementation in 2012.

- Correction of a previous calculation error for tandem mass spectrometry screening reagent costs and addition of costs for tandem mass spectrometry instrument replacement consumables: an increase of \$3.25 per specimen.

- Inclusion of the cost for 2nd tier DNA analysis tests: an increase of \$1.50 per specimen.

- Addition of secondary targets to the NBS panel.

- Increase in overall operating costs, including salary, fringe, charity testing, server, and indirect costs.

- The NBS Program uses public health services fees to fund clinical care coordination at the department's central office, case management in Health Service Regions, and client benefits. The expenditures have increased over 75% from \$1,007,394 in Fiscal Year 2011 to \$1,770,253 in Fiscal Year 2015. The NBS Program has consulted with the department's Budget Section staff to identify that \$1.8 million in the public health service fees will be needed to continue existing services.

The proposed amendments comport with Texas Health and Safety Code, §12.031, §12.032, and §12.0122 that allow the department to charge fees to a person who receives public health services from the department, with fee amounts set to recover the department's costs for performing laboratory services.

## SECTION-BY-SECTION SUMMARY

Existing §73.54(a)(1)(A)(i) is proposed to be amended by updating the fee from \$33.60 to \$55.24. There are several factors that contributed to this proposed fee increase as described in the Background and Purpose Section of this preamble.

The low volume tests in existing §73.54(a)(1)(B)(ii), (II) glucose post prandial (1 hour), (III) glucose post prandial (2 hour), (V) glucose tolerance test 1 hour, (VI) glucose tolerance test 2 hour, and (VII) glucose tolerance test 3 hour are proposed for deletion to make more efficient use of the LSS staff as the tests are no longer offered and will lower operational costs. The remaining subclause would be renumbered accordingly.

Existing §73.54(a)(1)(C)(i) is proposed to be amended by increasing the fee for Cystic fibrosis mutation panel from \$147.22 to \$175.19. This increase is due to increased costs associated with testing.

Existing §73.54(a)(1)(C)(ii) is proposed to be amended by increasing the fees for (I) HbS, HbC, HbE, HbD, or HbO-Arab from \$186.84 to \$255.72; (II) common beta-thalassemia mutation from \$213.21 to \$287.66; and (III) beta-globin gene sequencing from \$783.42 to \$1054.24. This increase is due to increased costs associated with testing.

Existing §73.54(a)(1)(C)(iii) is proposed to be amended by updating the fee for Galactosemia common mutation panel from \$383.21 to \$529.03. This increase is due to increased costs associated with testing.

Existing §73.54(a)(1)(C)(vi) is proposed to be amended by increasing the fee for Medium chain acyl-CoA dehydrogenase deficiency (MCAD), common mutation panel from \$280.79 to \$374.95. This increase is due to increased costs associated with testing.

New §73.54(a)(2)(A)(xviii) Whole Genome Sequencing is proposed to add new subclause (I) Gram Negative with a fee of \$318.64 and subclause (II) Gram Positive with a fee of \$329.37.

Existing §73.54(a)(2)(B)(ii)(II), (VI), (VII) and (IX) are proposed to be renamed. Subclause (II) Arsenic in urine, ICP-DRC-MS (Dynamic reaction cell), MS was moved from the end of the test name and added to the method for better clarity. Subclauses (VI) Metals in blood and (VII) Metals in urine are proposed to remove the metals list from the name of the tests. The testing platform for both tests allow for multiple metals to be tested without a fee change. This proposed change will allow the LSS to add metals or remove metals to meet customer needs in real time. Subclause (IX) is proposed to be amended by updating the name to Tetramine, gas chromatography/mass selection detector (GC/MS). These updates will accurately reflect the current testing method.

Existing §73.54(a)(2)(C)(i)(I)(-a-) is proposed for deletion. This Blood culture test is a low volume test and the instrument for the testing is no longer operational. This low volume test is proposed for deletion to make more efficient use of the LSS staff and to lower operational costs. The existing items would be renumbered accordingly.

New §73.54(a)(2)(D)(v) is proposed to add a new test Microfilariae identification, with a fee of \$46.52. Existing §73.54(a)(2)(D)(v)(IV) is proposed to be deleted. This low volume tissue preparation test is proposed for deletion to make more efficient use of the LSS staff and to lower operational costs. The remaining clauses and subclauses would be renumbered accordingly.

New §73.54(a)(2)(E)(iv), (v), and (viii) are proposed to add three new tests (iv) Chagas, IgG with a fee of \$27.68, (v) Chikungunya, IgM with a fee of \$74.72, and (viii) Emerging Disease, IgM with a fee of \$74.72. These tests are being added to support the department's public health efforts. The remaining clauses would be renumbered accordingly.

Existing §73.54(a)(2)(E)(xi)(I) is proposed for amendment by increasing the fee in (I) serum, multi spot from \$40.74 to \$83.74. This price increase is due to a change in testing methodology.

Existing §73.54(a)(2)(F) is proposed to delete two low volume tests (i) Adenoviruses, PCR and (ix)(II) PCR. Existing §73.54(a)(2)(F) is to be further amended by restructuring the clause to read (ix) Enterovirus, DFA with its current fee of \$162.96. A new test was added in new §73.54(a)(2)(F)(ii) Chikungunya real time, RT-PCR, with a fee of \$145.02. Existing §73.54(a)(2)(F) is also proposed to increase the fees for (viii) Emerging Disease, PCR from \$116.22 to \$137.31 and (xii) Norovirus (Norwalk-like virus) PCR from \$55.77 to \$162.96. The fee for (xvi) Respiratory viral panel, PCR is decreased from \$167.13 to \$149.82. These fees would reflect the true costs to perform the tests.

New §73.54(b)(6)(A)(vi) is proposed to be amended by adding a new test Nucleic acid amplification for *Mycobacterium tuberculosis* (*M. tuberculosis*) complex with a fee of \$166.70. The remaining clause would be renumbered accordingly.

Existing §73.54(c)(3)(A)(i) is proposed to be restructured to read (i) Bacillus identification with the current fee of \$101.16. This proposed amendment will correct the spelling of the test name and remove low volume test (ii) enumeration, most probable number (MPN). Also proposed for deletion due to low volume tests are §73.54(c)(3)(C) Yeast and mold and (D) enumeration and standard plate count. These

low volume tests are proposed for deletion to make more efficient use of laboratory staff and to lower operational costs.

New §73.54(c)(6)(A)(iii) and (iv) are proposed to add two new tests, (iii) PCR Emerging, Non-clinical testing Aedes with a fee of \$17.20 and (iv) PCR Emerging, Non-clinical testing Culex with a fee of \$16.58. The remaining clauses would be renumbered accordingly.

New §73.55(2)(A)(i)(XV) is proposed to be amended by adding a new test for (XV) cyanide, free, SM, 20th edition, 4500-CN-F with a fee of \$113.43. Existing §73.55(2)(A)(i)(XXI) which will be renumbered as subclause (XXII) is proposed to be amended by decreasing the fee from \$1008.60 to \$21.58. This reduction in fee is due to an increased sample volume and a recent updated work load unit.

Existing §73.55(2)(A)(ii) is proposed to be amended by updating the name of the test to Routine water mineral group, EPA methods 300.0, and 353.2, and SM, 19th edition, 2320B, 2510B and 2540C, and decreasing the fee from \$106.39 to \$102.25. This proposed change is to remove the pH test from the method. The pH test is now performed in the field and is no longer performed at the LSS.

Existing §73.55(2)(C) is proposed for amendment by decreasing the fee for (ii) chlorophenoxy herbicides, EPA Method 515.4 from \$313.25 to \$99.53. This reduction in fee is due to an increased sample volume. Existing §73.55 (2)(C) is proposed to be further amended by adding new tests in clauses (viii) haloacetic acids, EPA method 552.3 with a fee of \$45.34, (xiii) semi-volatile organic compounds by GC-MS, EPA method 525.3 with a fee of \$120.88, and (xvii) volatile organic compounds VOCs by GC-MS, EPA method 524.3 with a fee of \$56.42.

#### FISCAL NOTE

Dr. Grace Kubin, Director, LSS, has determined that for each year of the first five years the sections are in effect, there will be fiscal implications to the state as a result of administering the sections as proposed. It is impossible to predict the volume of testing that the LSS will receive under a revised fee schedule as well as the actual resulting revenues, but this rulemaking proposal reflects the fee calculation methodology derived and implemented in the large recently-completed rulemaking action which revised the entire department laboratory fee schedule, consistent with SB 80, 82nd Legislature, Regular Session, 2011. SB 80 requires the LSS to develop and document a cost accounting methodology to determine costs for each test performed. Because the proposed rulemaking would reduce fees for some tests, the volume of those same tests may increase and thus result in a net increase in revenue. Some fees are being lowered to reflect cost savings the department recently realized through changes in technology or increased volume. Some fees are proposed to be increased due to the true costs that the department incurs when performing these tests. Increased fees would result in increased revenues to the department unless the increase results in a substantial decrease of orders for that test.

The exception to this assessment is the NBS panel fee. NBS is a mandated test and the LSS performed 788,612 tests last year. Approximately 36% of all screening kits were private pay. The proposed increased fee for private pay kits would generate approximately \$6.1 million in revenue each year for the department to cover the cost of testing to comply with SB 80, 82nd Legislature, Regular Session, 2011.

#### MICRO-BUSINESS AND SMALL BUSINESSES IMPACT ANALYSIS

Dr. Kubin has also determined that there may be an economic effect on those small or micro-businesses who submit specimens or samples to the LSS for analysis. The LSS does not collect information on its submitters but knows that a variety of entities, and some few persons, approach the department to purchase laboratory services. The LSS does not collect information on the size of a submitter's business,

and so it does not have direct data at hand to definitely determine what percentage of its usual submitters are small or micro-businesses.

As discussed previously in the Background and Purpose Section, the proposed modifications are to adjust fees, which update the entirety of the LSS fee schedule consistent with SB 80. The adjusted fee amounts would properly reflect the methodology used in a previous rulemaking action, which was designed to recoup the departments costs related to providing the services in its laboratories. Some of these proposed amendments would decrease fee amounts for specific tests while others would increase fees. Actual impact for a particular submitter, would be determined by the test the submitter orders and thus may have an adverse economic impact on a small or micro-businesses. Since there is a proposed increase in the mandated NBS fee, this will potentially impact all submitters who submit newborn screens for testing (i.e., anyone who might order this test, alone or in combination with other tests), the department analysis under the Economic Impact Statement in this preamble will also serve to satisfy the Small Business Impact Analysis required by Texas Government Code, §2006.002(a).

#### ECONOMIC COSTS TO PERSONS AND IMPACT ON LOCAL EMPLOYMENT

The LSS does not collect information on the size of a submitter's business, and does not have direct data at hand to definitely determine what percentage of its usual submitters are small or micro-businesses. However, the department has made an estimate, using an approach suggested in the Texas Office of the Attorney General guidance document associated with House Bill 3430 of the 80th, Regular Legislative Session in 2007. A review of The North American Industry Classification System (NAICS) on the U.S. Census Bureau website revealed four classifications that appear to represent all the submitter types for the LSS. Specific information on the number of small businesses listed for each of these codes was found on the Texas Comptroller of Public Accounts website. The NAICS codes that represent submitters to the LSS include: "6221" - General Medical and Surgical Hospitals (364 businesses listed of which 56 are defined as small businesses), "6214"- Outpatient Care Centers (578 businesses listed of which 442 are defined as small businesses), and "6223" - Specialty (except Psychiatric and Substance Abuse) Hospitals (116 businesses listed of which 80 are defined as small businesses). The total number of businesses listed for these three classification codes is 1058. Of that number, only 578 of the businesses listed (physician, clinics, and hospitals) are small businesses that could be affected by these proposed rule amendments.

The department believes that most of these 578 small or micro-businesses are contractors for department programs such as Texas Health Steps and HIV Prevention. Therefore, the economic impact would be to the department program which engages each contractor, and it is those department programs which would ultimately have to absorb the fee increases. Subtracting these contractors from the total, the department believes this leaves a much smaller number of non-department contractor small and micro-businesses that could be impacted by any fee increases.

Again, the exception would be the NBS panel fee since it is a mandated test for all clinicians overseeing the birth of a newborn. The department does not know the private business model for all NBS submitters but believes that there may be an adverse impact on the small or micro-business or person until the business or person can renegotiated their contract with private third party payors for reimbursement of the NBS testing kits.

There is no anticipated negative impact on local employment.

#### PUBLIC BENEFIT

Dr. Kubin has also determined that for each year of the first five years the sections are in effect, the public will benefit from adoption of the sections. The public benefit anticipated as a result of enforcing or

administering the sections will be the continued operation of the department's laboratories, which perform important public health activities every day. The public would also benefit by the department offering new tests to support core public health testing. The tests proposed for deletion would lead to more efficient LSS operations, which also benefits the public.

#### REGULATORY ANALYSIS

The department has determined that this proposal is not a "major environmental rule" as defined by Government Code, §2001.0225. "Major environmental rule" is defined to mean a rule the specific intent of which is to protect the environment or reduce risk to human health from environmental exposure and that may adversely affect, in a material way, the economy, a sector of the economy, productivity, competition, jobs, the environment or the public health and safety of a state or a sector of the state. This proposal is not specifically intended to protect the environment or reduce risks to human health from environmental exposure.

#### TAKINGS IMPACT ASSESSMENT

The department has determined that the proposed rules do not restrict or limit an owner's right to his or her property that would otherwise exist in the absence of a government action and, therefore, do not constitute a taking under Texas Government Code, §2007.043.

#### PUBLIC COMMENT

Comments on the proposal may be directed to Amy Schlabach, Laboratory Services Section, Mail Code 1947, P.O. Box 149347, Austin, Texas 78714-9347, (512) 776-6191 or by email at amy.schlabach@dshs.state.tx.us. Comments will be accepted for 30 days following the date of publication of this proposal in the *Texas Register*.

#### LEGAL CERTIFICATION

The Department of State Health Services General Counsel, Lisa Hernandez, certifies that the proposed rules have been reviewed by legal counsel and found to be within the state agencies' authority to adopt.

#### STATUTORY AUTHORITY

The amendments are authorized under Texas Health and Safety Code, §12.031 and §12.032 which allow the department to charge fees to a person who receives public health services from the department; §12.034 which requires the department to establish collection procedures; §12.035 which requires the department to deposit all money collected for fees and charges under §12.032 and §12.033 in the state treasury to the credit of the department's public health service fee fund; §12.0122 which allows the department to enter into a contract for laboratory services; and Texas Government Code, §531.0055, and Texas Health and Safety Code, §1001.075, which authorize the Executive Commissioner of the Health and Human Services Commission to adopt rules and policies necessary for the operation and provision of health and human services by the department and for the administration of Texas Health and Safety Code, Chapter 1001.

The amendments affect the Texas Health and Safety Code, Chapters 12 and 1001; and Texas Government Code, Chapter 531.

Legend: (Proposed Amendments)

Single Underline = Proposed new language

**[Bold, Print, and Brackets]** = Current language proposed for deletion

Regular Print = Current language

(No change.) = No changes are being considered for the designated subdivision

§73.54. Fee Schedule for Clinical Testing and Newborn Screening.

(a) Tests performed on clinical specimens, Austin Laboratory.

(1) Biochemistry and genetics.

(A) Newborn screening.

(i) Newborn screening panel--~~\$55.24~~ **[\$33.60]**. (Fees are based on the newborn screening specimen collection kit which is a department approved, bar-coded, FDA approved medical specimen collection device that includes a filter paper collection device, parent information sheet, specimen storage and use information, parent disclosure request form, demographic information sheet, and specimen collection directions with protective wrap-around cover for the specimen that should be used to submit a newborn's blood specimen for the first or second screen, repeat or follow-up testing and which includes the cost of screening.)

(ii) - (iii) (No change.)

(B) Clinical chemistry.

(i) (No change.)

(ii) Glucose:

(I) glucose fasting--\$4.30; and

**[(II) glucose post prandial (1 hour)--\$8.60;]**

**[(III) glucose post prandial (2 hour)--\$12.90;]**

(II) **[(IV)]** glucose random--\$4.30[;]

**[(V) glucose tolerance test 1 hour--\$8.60;]**

**[(VI) glucose tolerance test 2 hour--\$12.90; and]**

**[(VII) glucose tolerance test 3 hour--\$17.20].**

(iii) - (vii) (No change.)

(C) DNA Analysis.

(i) Cystic fibrosis mutation panel--\$175.19 [**\$147.22**].

(ii) Hemoglobin (Hb) DNA:

(I) HbS, HbC, HbE, HbD or HbO-Arab--\$255.72;

**[\$186.84;]**

(II) common beta-thalassemia mutation--\$287.66;

**[\$213.21;]** and

(III) beta-globin gene sequencing--\$1,054.24 [**\$783.42**].

(iii) Galactosemia common mutation panel--\$529.03 [**\$383.21**].

(iv) Medium chain acyl-CoA dehydrogenase deficiency (MCAD), common mutation panel--\$374.95 [**\$280.79**].

(v) (No change.)

(2) Microbiology.

(A) Bacteriology. Charges for bacteriology testing will be based upon the actual testing performed as determined by suspect organisms, specimen type and clinical history provided.

(i) - (xvii) (No change.)

(xviii) Whole Genome Sequencing:

(I) Gram Negative--\$318.64; and

(II) Gram Positive--\$329.37.

(B) Emergency preparedness.

(i) (No change.)

(ii) Chemical Threat agent Analysis.

(I) (No change.)

(II) Arsenic in urine, ICP-DRC-MS [ICP-DRC] (Dynamic reaction cell) [**MS**] --\$176.62.

(III) - (V) (No change.)

(VI) Metals in blood [(mercury, lead, cadmium), **inductively coupled plasma mass spectrometry**] (ICP/MS)--\$194.64.

(VII) Metals in urine [(barium, beryllium, cadmium, lead, thallium, uranium)], ICP/MS--\$176.25.

(VIII) (No change.)

(IX) Tetramine, gas chromatography/mass selective detector (GC/MS) [(GC/MSD)]--\$183.05.

(X) - (XI) (No change.)

(C) Mycobacteriology/mycology

(i) Acid fast bacilli (AFB).

(I) Clinical specimen, AFB isolation and identification.

**[(-a-) Blood culture--\$138.97.]**

(-a-) [(**-b-**)] Culture, other than blood--\$32.04.

(-b-) [(**-c-**)] Direct detection by high-performance liquid chromatography (HPLC)--\$66.26.

(-c-) [(**-d-**)] Identification of AFB isolate.

(-1-) HPLC--\$124.90;

(-2-) Accuprobe--\$81.40;

(-3-) biochemical, basic--\$132.35; and

(-4-) biochemical, complex--\$472.84.

(-d-) [(**-e-**)] Nucleic acid amplification for *Mycobacterium tuberculosis* (*M. tuberculosis*) complex--\$166.70.

(-e-) [(**-f-**)] Specimen concentration--\$5.38.

(-f-) [(**-g-**)] Smear--\$11.59.

(II) (No change.)

(ii) - (v) (No change.)

(D) Parasitology.

(i) - (iv) (No change.)

(v) Microfilariae identification-- \$46.52.

(vi) [(v)] Miscellaneous Parasite examination:

(I) acid fast stain--\$74.17;

(II) chromotrope stain--\$140.55;

(III) Giemsa stain--\$177.55;

**[(IV) tissue preparation--\$73.55;]**

(IV) [(V)] trichrome stain--\$96.98; and

(V) [(VI)] wet mount--\$73.55.

(vii) [(vi)] Parasite identification, PCR--\$141.79.

(viii) [(vii)] Pinworm examination--\$37.50.

(ix) [(viii)] Urine ova and parasite exam--\$56.36.

(x) [(ix)] Worm identification--\$46.44.

(E) Serology.

(i) - (iii) (No change.)

(iv) Chagas, IgG--\$27.68.

(v) Chikungunya, IgM--\$74.72.

(vi) [(iv)] Cytomegalovirus (CMV):

(I) IgG--\$23.23; and

(II) IgM--\$24.26.

(vii) [(v)] Ehrlichia IFA--\$131.31.

(viii) Emerging Disease, IgM--\$74.72.

(ix) [(vi)] Francisella tularensis:

(I) IgG--\$61.15; and

(II) IgM--\$122.30.

(x) [(vii)] Hantavirus IgG/IgM--\$362.05.

(xi) [(viii)] Hepatitis A:

(I) IgM--\$44.04; and

(II) total--\$34.45.

(xii) [(ix)] Hepatitis B:

(I) core antibody--\$36.06;

(II) core IgM antibody--\$44.75;

(III) surface antibody (Ab)--\$28.34; and

(IV) surface antigen (Ag)--\$18.47.

(xiii) [(x)] Hepatitis C (HCV)--\$25.68.

(xiv) [(xi)] Human immunodeficiency virus (HIV):

(I) serum, multi spot--\$83.74 [**\$40.74**]; and

(II) HIV Combo Ag/Ab EIA--\$7.90.

(xv) [(xii)] Human immunodeficiency virus-1 (HIV-1):

(I) enzyme immunoassay (EIA) Dried Blood Spots (DBS)--

\$14.32;

(II) enzyme immunoassay (EIA) oral fluid--\$69.99;

(III) Nucleic acid amplification test (NAAT)--\$7.79;

(IV) western blot serum--\$277.23;

(V) western blot DBS--\$277.23; and

(VI) western blot oral--\$324.71.

(xvi) [(xiii)] Measles:

(I) IgG--\$21.36; and

(II) IgM--\$85.60.

(xvii) [(xiv)] Mumps:

(I) IgG--\$22.62; and

(II) IgM--\$83.93.

(xviii) [(**xv**)] Pertussis Toxin IgG--\$89.86.

(xix) [(**xvi**)] Q-Fever IgG--\$85.61.

(xx) [(**xvii**)] QuantiFERON (tuberculosis serology)--\$53.66.

(xxi) [(**xviii**)] *Rickettsia* panel:

and (I) Rocky Mountain spotted Fever (RMSF) IgG--\$42.93;

(II) Typhus fever IgG--\$42.93.

(xxii) [(**xix**)] Rubella:

(I) IgM--\$24.77; and

(II) screen--\$22.33.

(xxiii) [(**xx**)] Schistosoma EIA--\$10.30.

(xxiv) [(**xxi**)] Strongyloides EIA--\$16.89.

(xxv) [(**xxii**)] Syphilis:

(I) Confirmation particle agglutination (TP-PA)--\$27.02;

(II) Rapid plasma reagin (RPR):

(-a-) screen (qualitative)--\$2.89; and

(-b-) titer (quantitative)--\$12.88;

(III) Screening, IgG--\$7.57.

(xxvi) [(**xxiii**)] Toxoplasmosis--\$23.23.

(xxvii) [(**xxiv**)] *Varicella zoster* virus (VZV):

(I) IgG--\$19.70; and

(II) IgM--\$147.84.

(xxviii) [(**xxv**)] *Yersinia pestis* (Plague), serum--\$237.18.

(F) Virology.

**[(i) Adenoviruses, PCR--\$304.38.]**

(DFA)--\$152.93.  
(i)[(ii)] Arbovirus identification, direct fluorescent antibody

(ii) Chikungunya real time, RT-PCR--\$145.02

(iii) Coxsackievirus, DFA--\$84.37.

(iv) Culture:

(I) Supplemental Cell Culture--\$135.46; and

(II) reference--\$96.66.

(v) Dengue, real-time PCR--\$215.52.

(vi) Echovirus, DFA--\$115.80.

(vii) Electron microscopy (includes observation, electron  
microscopy and photography)--\$527.91.

(viii) Emerging Disease, PCR-- \$137.31 [**\$116.22**].

(ix) Enterovirus, DFA--\$162.96. [:]

**[(I) DFA--\$162.96; and]**

**[(II) PCR--\$393.27.]**

(x) - (xi) (No change.)

(xii) Norovirus (Norwalk-like virus) PCR--\$162.96 [**\$55.77**].

(xiii) - (xv) (No change.)

(xvi) Respiratory viral panel, PCR-- \$149.82 [**\$167.13**].

(xvii) - (xxii) (No change.)

(b) Tests performed on clinical specimens, South Texas Laboratory. Specimens that must be sent to a reference lab for testing will be billed at the reference laboratory price plus a \$3.00 handling fee.

(1) - (5) (No change.)

(6) Microbiology.

(A) Mycobacteriology, Acid fast bacillus (AFB).

(i) - (v) (No change.)

(vi) Nucleic acid amplification for *Mycobacterium tuberculosis* (*M. tuberculosis*) complex--\$166.70.

(vii) [(vi)] Smear only--\$5.09.

(B) - (C) (No change.)

(7) - (8) (No change.)

(c) Non-clinical testing, Austin Laboratory.

(1) - (2) (No change.)

(3) Food.

(A) Bacterial identification.

(i) Bacillus identification-- \$101.16. [Bacillis:]

**[(I)] identification--\$101.16; and**

**[(II)] enumeration, most probable number (MPN)--  
\$245.53.**

(ii) - (x) (No change.)

(B) *Staphylococcus* enterotoxin detection--\$90.80.

**[(C) Yeast and mold enumeration--\$128.50.]**

**[(D) Standard plate count--\$67.38.]**

(4) - (5) (No change.)

(6) Virology.

(A) Arbovirus:

(i) - (ii) (No change.)

(iii) PCR Emerging, Non-clinical testing Aedes--\$17.20;

(iv) PCR Emerging, Non-clinical testing Culex--\$16.58;

(v) [(iii)] St. Louis Encephalitis (SLE), mosquitoes, PCR--\$60.18;

\$60.41; and

(vi) [(iv)] Western Equine Encephalitis (WEE), mosquitoes, PCR--

(vii) [(v)] West Nile Virus (WNV), mosquitoes, PCR--\$57.87.

(B) (No change.)

(7) - (8) (No change.)

(d) - (e) (No change.)

§73.55. Fee Schedule for Chemical Analyses.

Fees for chemical analyses and physical testing.

(1) (No change.)

(2) The following fees apply to analysis of drinking water samples.

(A) Inorganic parameters.

(i) Individual tests:

(I) - (XIV) (No change.)

(XV) cyanide, free, SM-, 20th edition, 4500-CN-F--\$113.43;

(XVI) [(XV)] cyanide, total, QuickChem 10-204-00-1-X--\$53.75;

(XVII) [(XVI)] fluoride, EPA method 300.0--\$15.03;

(XVIII) [(XVII)] nitrate and nitrite as nitrogen, EPA method

353.2--\$8.49;

(XIX) [(XVIII)] nitrate as nitrogen, EPA method 353.2--\$8.49;

(XX) [(XIX)] nitrite as nitrogen, EPA method 353.2--\$8.49;

(XXI) [(XX)] odor, SM, 20th edition, 2150B--\$51.93;

(XXII) [(XXI)] perchlorate, EPA method 314.0--\$21.58

**[\$1008.60];**

(XXIII) [(XXII)] pH, SM, 19th edition, 4500H--\$4.15;

(XXIV) [(XXIII)] phenolics, total recoverable, EPA method

420.4--\$114.49;

(XXV) [(XXIV)] silica, dissolved, SM, 20th edition, 4500SiO, E--

\$20.25;

(XXVI) [(XXV)] solids, total dissolved, determined, SM, 20th

edition, 2540C--\$14.65;

(XXVII) [(XXVI)] sulfate, EPA method 300.0--\$15.11; and

(XXVIII) [(XXVII)] turbidity, EPA method 180.1--\$136.28.

(ii) Routine water mineral group, EPA methods 300.0, and 353.2, and SM, 19th edition, 2320B, 2510B [**4500-HB**] and 2540C--\$102.25 [**\$106.39**].

(B) (No change.)

(C) Organic compounds:

(i) (No change.)  
(ii) chlorophenoxy herbicides, EPA method 515.4--~~\$99.53~~ [**\$313.25**];  
(iii) - (vii) (No change.)  
(viii) haloacetic acids, EPA Method 552.3--\$45.34;  
(ix) [(viii)] carbamates insecticides, EPA 531--\$57.01;  
(x) [(ix)] PCB SOC6, EPA method 508A--\$1045.02;  
(xi) [(x)] synthetic organic contaminants group 5, EPA methods 508.1  
and 525.2--\$205.41;  
525.2--\$111.74;  
\$120.88;  
(xii) [(xi)] semi-volatile organic compounds by GC-MS, EPA method  
(xiii) semi-volatile organic compounds by GC-MS, EPA method 525.3--  
(xiv) [(xii)] trihalomethanes, EPA method 524.2--\$50.13;  
(xv) [(xiii)] trihalomethanes, EPA method 551.1--\$43.91; [and]  
(xvi) [(xiv)] volatile organic compounds VOCs by GC-MS, EPA method  
524.2--\$55.12; and  
(xvii) volatile organics compounds VOCs by GC-MS, EPA method 524.3-  
-\$56.42.

(D) (No change.)

(3) - (9) (No change.)