

NUNM Health Centers Fee Structure 2022



The NUNM Health Centers uses a non-fixed-fee system for most clinic services to remain in compliance with state and federal laws and to honor contracts with insurance companies. For patients with insurance that covers our services, we will bill the insurance company. Patients with any form of insurance that doesn't cover our services and/or patients who are without insurance coverage can enroll in the Compassionate Care Program (CCP) and obtain discounts on the cost of their office visits if found to be eligible. Discounts are between 60%-75%, and are determined by a patient's confirmed income as a percentage of the federal poverty level (FPL). Any patient could receive a 40% discount for full payment at time of service (TOS), without enrolling in the CCP.

Discounts are only available to patients who pay in full at the time of their service.

Participation in the Compassionate Care Program is not required of patients, but an active application is required for a tiered discount. Those found eligible for the CCP and have provided income documentation as verification will maintain their Tier status for a full year. Each year the Federal Government will update the guidelines around the poverty level, which may impact the level of discount that is available to the individual. The CCP is reviewed on an annual basis. NUNM reserves the right to modify this discount program as necessary with advance notice.

NUNM'S COMPASSIONATE CARE PROGRAM		
TIER LEVEL	FEDERAL POVERTY LEVEL / QUALIFIER	DISCOUNT
Tier 1	0-149%	75% discount
Tier 2 & Honored Citizens	150-250% <ul style="list-style-type: none"> ▪ Medicare Recipients (Federal ONLY) ▪ Veterans ▪ Federal Retirees ▪ Persons Age 62 or older 	65% discount (HC contract applied for patients at FPL above 250% if they meet qualifications)
Tier 3	251-400%	60% discount
TOS Discount	400% and above	40% discount (TOS contract applied if paid in full)

Individuals who are Honored Citizens, but may be eligible for a bigger discount based upon their income level, will be given the best discount that is applicable to them. Time Of Service discounts are only available to self-pay individuals who can cover the cost of the office visit in full. If a patient elects to have a bill sent to them then the discount will not be applied and the individual will be asked to cover the full cost of the care.

FEDERAL POVERTY LEVEL MEASUREMENT GUIDELINES

Household Income is the combined gross income of all the members of a tax household (all legally connected or related people sharing a household/residence) who are 15 years old and older. If you don't file taxes, only include your spouse and any children who live with you.

DO include the following in your household count:	DO NOT include the following in your household count:
<ul style="list-style-type: none"> ○ Legally Married Spouse ○ Dependent children, (Include any child who lives with you that you'll claim as a tax dependent that year) ○ Dependent parents, siblings and other relatives (Include them only if you'll claim them as tax dependents) ○ Unmarried domestic partners (ONLY if you have a child together that will be claimed as a tax dependent) 	<ul style="list-style-type: none"> ○ Roommates ○ Parents or other relatives who live with you but file their own tax returns. ○ Unmarried domestic partner with whom you do not have a child; if not claimed as a tax dependent. ○ Legally separated or divorced spouses regardless of if you live together or separate.
INCLUDE the following in your household income:	DO NOT INCLUDE the following in your household income:
<ul style="list-style-type: none"> ○ Salaries and wages and tips (W2's, paystubs, direct deposit slips) ○ Unemployment compensation, social security income, SSDI income, retirement or pension income, alimony, investment income 	<ul style="list-style-type: none"> ○ TANF, OSIP, SNAP, Child support, worker's comp, veteran disability payments, proceeds from student loans, home equity or bank loans, gifts

FPL GUIDELINES 2022							
Household Size	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$13,590	\$18,754	\$20,385	\$27,180	\$33,975	\$40,770	\$54,360
2	\$18,310	\$25,268	\$27,465	\$36,620	\$45,775	\$54,930	\$73,240
3	\$23,030	\$31,781	\$34,545	\$46,060	\$57,575	\$69,090	\$92,120
4	\$27,750	\$38,295	\$41,625	\$55,500	\$69,375	\$83,250	\$111,000
5	\$32,470	\$44,809	\$48,705	\$64,940	\$81,175	\$97,410	\$129,880
6	\$37,190	\$51,322	\$55,785	\$74,380	\$92,975	\$111,570	\$148,760
7	\$41,910	\$57,836	\$62,865	\$83,820	\$104,775	\$125,730	\$167,640
8	\$46,630	\$64,349	\$69,945	\$93,260	\$116,575	\$139,890	\$186,520

For families/households with more than 8 persons, add \$4,720 for each additional person.

Please note that these income values are valid for the contiguous United States only and do not apply to Alaska or Hawaii.

FEE SCHEDULE BASED UPON CPT CODES

NEW Patient Office Visit Codes	Base Charge	Tier 1 (75%)	Tier 2 (65%) (Honored Citizens)	Tier 3 (60%)	TOS (40%)
99202	\$135.00	\$34.00	\$47.00	\$54.00	\$81.00
99203	\$195.00	\$49.00	\$68.00	\$78.00	\$117.00
99204	\$295.00	\$74.00	\$103.00	\$118.00	\$177.00
99205	\$355.00	\$89.00	\$124.00	\$142.00	\$213.00
RETURN Patient Office Visit Codes	Base Charge	Tier 1 (75%)	Tier 2 (65%) (Honored Citizens)	Tier 3 (60%)	TOS (40%)
99212	\$85.00	\$21.00	\$30.00	\$34.00	\$51.00
99213	\$135.00	\$34.00	\$47.00	\$54.00	\$81.00
99214	\$195.00	\$49.00	\$68.00	\$78.00	\$117.00
99215	\$255.00	\$64.00	\$89.00	\$102.00	\$153.00
Acupuncture Treatment Codes	Base Charge	Tier 1 (75%)	Tier 2 (65%) (Honored Citizens)	Tier 3 (60%)	TOS (40%)
97810	\$61.00	\$15.00	\$21.00	\$24.00	\$37.00
97811	\$54.00	\$14.00	\$19.00	\$22.00	\$32.00
97139	\$34.00	\$9.00	\$12.00	\$14.00	\$20.00
97140	\$41.00	\$10.00	\$14.00	\$16.00	\$25.00

In this fee structure, the cost of the visit depends on how it was coded (which Current Procedural Terminology (CPT) codes are used) by the providers. The codes used will be based on the length and complexity of the care; a patient will have an Evaluation and Management (E&M) code plus any acupuncture or ancillary technique or procedure codes. Acupuncture is billed in 15 minute increments, so the length of time spent in active face-to-face time with the patient will determine which codes are used/billed.