

VACCINES/ADMINISTRATION FEES Approved by the Jefferson County Board of Health

Children's Vaccines		
90633	Hep A	\$31
90744	Hep B	\$19
90680	Rotavirus (given orally)	\$89
90648	Hib (ACTHIB) (haemophilus influenza Type B)	\$12
90715	Tdap (tetanus, diphtheria and pertussis)	\$42
90700	Dtap (Diphtheria, tetnus, pertussis)	\$23
90651	HPV9 (human papillomavirus) 2 shot series: 0 and 6 months (9 - 14 yrs) OTHERWISE - 3 shot series: 0, 2 and 6 months (age 15-45yrs)	\$312
90723	Pediarix (polio, Dtap, Hep B)	\$74
90696	Kinrix (Dtap, polio)	\$67
90734	MCV4 (meningococcal A, C, W, Y) Meningococcal-Menveo	\$137 \$147
90713	IPV (polio)	\$30
90698	Pentacel (polio, Hib, Dtap)	\$81
90670	PCV 13 (pneumonia)	\$272
90671	Pneumococcal15 (pneumonia)	\$245
90716	Varicella (chickenpox)	\$171
90707	MMR (measles, mumps, rubella)	\$97
90710	MMRV (MMR & Varicella)	\$289
90714	Td (tetanus and diphtheria - booster every 10 yrs) Only if you had Tdap	\$40
90620	MEN B - Baxero (Meningococcal B) Trumenba (Meningococcal B)	\$224 \$189

Harm Reduction		
96372	Injection - Prophylactic/ diagnostic/therapeutic	\$33
80203	Opiates - Urine Drug Screen	\$17

Adult and Travel Vaccines		
90677	Pneumovax20 (pneumonia)	\$363
90732	Pneumovax23 (pneumonia)	\$136
90746	Hep B (Energix B) (Hepelisav B)	\$56 \$134
90632	Hep A (Havrix)	\$80
90636	Twinrix (Hep A & B)	\$116
90717	Yellow Fever (at least 10 days prior to travel)	\$201
90750	Shingrix (Zoster-Shingles)(50+ years)	\$220
90738	Japanese Encephalitis (2 shot series: 0 to 28 days-complete at least 1 wk prior to travel Must pay for 1st shot to order and 2nd shot at 1st visit)	\$341
90691	Typhoid (one week prior to travel)	\$137
90675	Rabies	\$408
90611	Monkey Pox	-

Administration Fees		
90471	Adults over 18 - first shot of visit	\$33
90472	Adults - each additional shot	\$17
90460	Children - first shot of visit	\$33
90461	Children - each additional shot	\$17
G0008	Medicare Patients - Influenza Reg Dose	\$4
G0008	Medicare Patients - Influenza High Dose	\$7
G0009	Medicare Patients - Pneumonia	\$33
G0010	Medicare Patients - Hep B	\$33
90471	VFC or Adult State Supply (No Ins or underinsured)	\$19.85

Flu Shots Fee & Includes Admin Fee		
90686	Fluzone Reg Dose Flu (6 months+) \$21/\$4	\$25
90662	Fluzone High Dose Flu (65+ years) \$69/\$7	\$76

Other		
86580	TB Skin Test (PPD) (includes -2 visits)	\$33
86481	TB Blood Test (T-Spot)	\$70
99211	TB Screening Letter	\$10
87591	STD/STI services	\$15
99211	Blood Pressure Check	\$5
99213	Head Lice Check	\$5

Date Fees Updated: 5/17/2023

Date BOH Approved 4/14/2023