

**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)<br>2 shot series: 0 and 6 months (9 - 14 yrs)<br><b>OTHERWISE -</b><br>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)<br>Meningococcal-Menveo  | \$137<br>\$147 |
| 90713               | IPV (polio)  | \$30           |
| 90698               | Pentacel (polio, Hib, Dtap)  | \$81           |
| 90670               | Pneumococcal - PCV 13 (pediatric)  | \$272          |
| 90671               | Pneumococcal 15-PneumaVax (6wk +)  | \$245          |
| 90716               | Varicella (chickenpox)   | \$171          |
| 90707               | MMR (measles, mumps, rubella)  | \$100          |
| 90710               | MMRV (MMR & Varicella)   | \$289          |
| 90714               | Td (tetanus and diphtheria -<br>booster every 10 yrs) <b>Only if you had Tdap</b>  | \$40           |
| 90620               | MEN B - Baxero (Meningococcal B)<br>Trumenba (Meningococcal B)   | \$224<br>\$189 |

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

| Adult and Travel Vaccines |   |               |
|---------------------------|---|---------------|
| 90677                     | Pneumococcal 20-Prevnar (19yrs +)   | \$363         |
| 90732                     | Pneumococcal - PPV 23 (adult)   | \$136         |
| 90746                     | Hep B (Energix B)<br>(Hepelisav B)  | \$56<br>\$134 |
| 90632                     | Hep A (Havrix)  | \$80          |
| 90636                     | Twinrix (Hep A & B)   | \$116         |
| 90717                     | Yellow Fever (at least 10 days prior to travel)   | \$211         |
| 90750                     | Shingrix (Zoster-Shingles)(50+ years)   | \$220         |
| 90738                     | Japanese Encephalitis (2 shot series:<br>0 to 28 days-complete at least 1 wk prior to travel<br><b>Must pay for 1st shot to order and 2nd shot at 1st visit</b> ) | \$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: 7/26/2023

Date BOH Approved 4/14/2023