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

	Children's Vaccines	
90633	Нер А	\$31
90744	Нер В	\$19
90680	Rotavirus (given orally)	\$89
90648	Hib (ACTHIB) (haemophilus influenza Type B)	\$12
90715	Tdap (tetanus, diphtheria and pertussis)	\$43
90700	Dtap (Diptheria, 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)	\$76
90696	Kinrix (Dtap, polio)	\$54
90734	MCV4 (meningococcal A, C, W, Y)	\$141
	Meningococcal-Menveo	\$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 - booster evey 10 yrs) Only if you had Tdap	\$40
90620	MEN B - Baxero (Meningococcal B)	\$224
	Suxcio (Weiningococcarb)	7227

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

Date Fees Updated:	10/4/2023

	Adult and Travel Vaccines		
90677	Pneumococcal 20-Prevnar (19yrs +)	\$363	
90732	Pneumococcal - PPV 23 (adult)	\$136	
		4	
90746	Hep B (Energix B)	\$56	
	(Heplisav B)	\$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:	\$341	
	0 to 28 days-complete at least 1 wk prior to travel		
	Must pay for 1st shot to order and 2nd shot at 1st vis	sit	
90691	Typhoid (one week prior to travel)	\$137	
90675	Rabies	\$408	
90611	Monkey Pox	-	
90679	RSV (Avexvy - 60+ years)	\$329	
	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 BOH Approved: 4/14/2023	3
------------------------------	---

Covid Vaccines		
91320	Pfizer Vaccine	\$138
91322	Moderna/Spikevax Vaccine	\$137
	•	

	Covid Administration Fees	
90480	COVID-19 Vaccine Administration	\$40
M0201	COVID-19 Home Visit-Vaccine Administration	\$35