

Vaccine & Medication Fee Schedule 12/29/2024				I:\FamilyHealthServices\Fees	
OFFICE VISITS	CPT CODE	UNIT	FY 23-24		
Minimal	99211	5 Min	\$ 20.00	+TB Screening, Skin Test, Blood Draw	Self-pay (Private Pay) Fee for 2 or more vaccines \$65.00 TOTAL
Focused - New	99202	20 Min - New	\$ 157.00		
Detailed - New	99203	30 Min - New	\$ 236.00		
Comprehensive - New	99204	45 Min - New	\$ 302.00	VFC, 317, SGF	
Comprehensive – new 60 – 74 mins	99205	60 MIN	\$341.00	\$26.00 per vaccine	
Limited - Established	99212	10 Min - Est	\$ 112.00	Max \$52 per visit	
Focused - Established	99213	15 Min - Est	\$ 157.00	BAP - COVID ONLY	
Detailed - Established	99214	30 Min - Est	\$183.00	\$0 Cost to Patient	
Detailed – Established	99215	40–54 Min - Est	\$210.00		
Immunization - Injectable Adult/Child	90471	1 Only	\$ 39.00	Administration of a single vaccine	
Immunization - Injectable Adult/Child (2+)	90472	2 or More	\$ 26.00	Administration of a 2nd or more vaccines	
Immunization - Intranasal or Oral Adult/Child	90473	1 Only	\$ 39.00	Administration of a single vaccine	
Immunization - Intranasal or Oral Adult/Child (2+ vaccines)	90474	2 or More	\$ 26.00	Administration of a 2nd or more vaccines	
COVID Administration	90480		\$39.00		
Health Education Workshop	N/A		\$0-\$500	Contact Director of Nursing	
PHN Consult/Ed/Outreach/Hr	N/A		\$ 157.00	Contact Director of Nursing (Per Hour)	
Medical Marijuana ID Card	N/A		\$ 89.00	\$35.50 with Medi-Cal	
IMMUNIZATIONS	PRODUCT NAME	CPT CODE	FY 23 -24 FEES (Per Dose)	UNIT	
Cholera (2 – 64 Years)	Vaxchora	90625	\$ 225.00	1 DOSE	
COVID-19 (6mo – 11YR)	Moderna	91321	\$121.00	1 DOSE	
COVID-19 (12+ Years)	Spikevax	91322	\$129.00	1 DOSE	
Hepatitis A	Havrix	90632	\$ 70.00	2 DOSES (1st dose, then 6 Months later)	
Hepatitis A & B	Twinrix	90636	\$ 103.00	3 DOSES (1st dose, 1 month, 6 months)	
Hepatitis B: Engerix	Engerix	90746	\$ 44.00	3 DOSES (1st, 2 months, 6 months)	
Hepatitis B: Hepsilav-B	Hepsilav-B	90739	\$ 123.00	2 DOSES (1st, 1 month)	
HIB (VFC/ADULT)	ACTHIB	90648	\$ 11.00	1 DOSE	
Human Papillomavirus (HPV) (9-26 Years)	Gardasil 9	90651	\$ 325.00	3 DOSES (1st dose, 2 months, 6 months) - Only 2 doses before 15 Y.O.	
Immune Globulin	GamaSTAN	90281	\$ 12.00	1 DOSE	
Influenza - Flulaval	Flulaval	90686	\$17.00	1 DOSE	
Influenza – Fluzone	Fluzone	90686	\$18.00	1 DOSE	
Influenza - Flublok	Flublok	90682	\$60.00	1 DOSE	
Influenza High Dose (65+ Years)	FLUZONE	90662	\$ 63.00	1 DOSE	
Meningococcal (10-55 Years)	Bexero	90620	\$ 186.00	2 DOSES (1 month apart)	
Meningococcal (MCV4) (2-55 Years)	Menactra	90734	\$ 140.00	1 DOSE	
Meningococcal (Groups A,C,Y,W)	MenQuadfi	90619	\$ 147.00	1 DOSE	
MMR	M-M-R II	90707	\$ 87.00	2 DOSES (1st dose, 1 month later)	
Pneumococcal (PCV13)	Prevnar 13	90670	\$ 302.00	1 DOSE	
Pneumococcal (PCV20)	Prevnar 20	90677	\$ 253.00	1 DOSE	
Polio Inactivated	Ipol (IPV)	90713	\$37.00	1 DOSE	
Rabies	Imovax	90675	\$ 382.00	2 DOSES	
RSV (60+ Years)	Arexvy	90679	\$274.00	1 DOSE	
RSV	Abrysvo	90678	\$295.00	1 DOSE	
Shingles (50+ Years)	Shringrix	90750	\$ 183.00	2 DOSES (2 - 6 months apart)	
TB PPD (TB Test)	Tubersol	86580	\$ 9.00	N/A	
TDAP (10-18 Years)	Boostrix	90715	\$ 38.00	1 DOSE	
Typhoid Oral (4 Capsule Box)	Vivotif Cap	90690	\$ 85.00	1 DOSE	
Typhoid Injection (2+ Years)	Typhim VI	90691	\$ 121.00	1 DOSE	
Varicella (VZV)	Varivax	90716	\$ 159.00	2 DOSES (1st dose, 1 month later)	
Yellow Fever (9mo – 59YR)	YF-Vax	90717	\$ 180.00	1 DOSE – Dr. Note for 60+	
Yellow Fever Replacement Card	N/A	N/A	\$ 5.00	N/A	

TB MEDICATIONS	PRODUCT NAME	CPT CODE	23-24 FEES	UNIT	LTBI Global Fees	23-24 FEES
Rifampin 150mg	Rifampin 150mg	S5000	\$0.14	Per Pill	INH + Rifapentine x 12 Weeks	\$94.32
Rifampin 300mg	Rifampin 300mg	S5000	\$4.82	Per Pill		
Vitamin B6 25mg	Vitamin B6 25mg	S5000	\$0.02	Per Pill	Rifampin (600mg) X 4 months	\$1,156.80
Vitamin B6 50mg	Vitamin B6 50mg	S5000	\$0.02	Per Pill	INH (300mg) X 6 months	\$36.00
PZA 500mg	Pyrazinamide 500mg	S5000	\$5.67	Per Pill	INH (300mg) X 9 months	\$54.00
INH 300mg	INH 300mg	S5000	\$0.20	Per Pill	Hospice TB Test - \$19 TB Test - \$29 TB Screening - \$20	
Ethambutol 400mg	Ethambutol 400mg	S5000	\$0.18	Per Pill		
Rifapentine/Priftin	Priftin 150mg	S5000	\$1.21	Per Pill		
Ondasetron (Zofran)	Ondasetron (Zofran)	S0119	\$1.00			

FAMILY PLANNING: BIRTH CONTROL	CPT CODE	23-24 FEES	UNIT
Contraceptive Patch: Xulane	J7304 UD	\$ 54.00	Per Box
Contraceptive Ring: Nuvaring	J7295 UD	\$ 0.03	Per Ring
Contraceptive Injection: Medroxyprogesterone Acetate (Depo)	J3490 UD	\$17.00	Per Injection
Condoms / Male	A4267		
Emergency Contraception: Ella	J3490 U5	\$ 19.00	Per Dose
Emergency Contraception: Plan B	J3490 U6	\$ 4.25	Per Dose
IUD: Mirena	J7298 UD	\$ 367.00	Each
IUD: Skyla	J7301 UD	\$ 472.00	Each
IUD: Paragard	J7300 UD	\$ 295.00	Each
IUD: Kyleena	J7296 UD	\$ 634.00	Each
Implant: Nexplanon/Implanon	J7307 UD	\$ 460.00	Each

FAMILY PLANNING: ORAL BIRTH CONTROL PILLS	CPT CODE	23-24 FEES	UNIT
Norgestimate & Ethinyl Estradiol Oral: Ortho Cyclen or Mononess or Sprintec	S4993 UD	\$ 1.73	Each
Norgestimate & Ethinyl Estradiol Oral: Ortho Tri-Cyclen-Lo or Tri-Lo-Sprintec	S4993 UD	\$ 1.10	Each
Norgestimate & Ethinyl Estradiol Oral: Ortho Tri-Cyclen or Tri-Sprintec	S4993 UD	\$ 1.28	Each
Norethindrone: Ortho Micronor	S4993 UD	\$ 0.93	Each
Norethindrone & Ethinyl Estradiol Triphasic Regimen: Nortel 7/7/7 or Ortho Novum 7/7/7	S4993 UD	\$ 2.67	Each
Drospirenon & Ethinyl Estradiol Oral: Yaz	S4993 UD	\$ 0.28	Each

FAMILY PLANNING: MEDICATIONS	PRODUCT NAME	CPT CODE	23-24 FEES	UNIT
Fluconazole (150mg)	Diflucan 150mg	S5001	\$ 0.16	Per Pill
Doxycycline (100mg)	Doxycycline 100mg Caps #14	S5000 UD	\$ 8.50	Per Bottle
Metronidazole (500mg) #4	Metronidazole (500mg) #4	S5000 UD	\$0.34	Per Bottle
Metronidazole (500mg) #14	Metronidazole (500mg) #14	S5000 UD	\$ 1.19	Per Bottle
Rocephin/Ceftriaxone Inj. (250 mg)	Ceftriaxone	J0696 UD	\$ 0.56	Per Injection
Rocephin/Ceftriaxone Inj. (500 mg)	Ceftriaxone	J0696 UD	\$ 0.60	Per Injection
PCN G Benzathine	Bicillin LA	J0561 UD	\$ 0.02	Per Injection
Azithromycin 500mg	Azithromycin 500mg	Q0144 UD	\$ 0.20	Per Pill
Suprax (Cefixime) 400mg	Suprax Chew	J8499	\$ 10.91	Per Pill

PROCEDURES / IN CLINIC TESTS	CPT CODE	23-24 FEES	LAB FEES 2023-2024			
			TEST CODE	DESCRIPTION	FEE	CPT
IUD Insertion	58300	\$168.22	8800	QUANTIFERON PLUS	\$95.00	86480
IUD Removal	58301	\$48.64	5100	VARICELLA ZOSTER (VZV) ANTIBODY	\$91.00	86787
Colposcopy	57454	\$86.14	5035	SYPHILIS SCREEN SERUM, RPR	\$34.00	86592
Contraceptive Implant - Insertion	11981	\$208.86	5800	HCV (HEP C) ANTIBODY	\$60.00	86803
Contraceptive Implant - Removal	11976	\$99.67	2750	CHLAMYDIA NAAT	\$34.00	87491
UA without Microscopy (dip stick)	81002	\$2.15	2770	GONORRHEA NAAT	\$34.00	87591
Pregnancy Test	81025	\$2.80	2850	TRICHOMONAS NAAT	\$65.00	87661
Wet Mount	87210	\$4.72	5500	HIV ANTIBODY SERUM	\$67.00	87389
PH Body Fluid	83986	\$3.18	8040	TOTAL COLIFORM & E. COLI P/A	\$37.00	-
HIV Antibody Test (OraQuick)	86701	\$7.90	-	TICK SENDOUT FOR LYME DISEASE	\$28.60	9000
			9150	BLOOD LEAD	\$47.00	83655

Notes: