

Vaccine & Medication Fee Schedule 9/30/2024		Quarter 2		I:\FamilyHealthServices\Fees
OFFICE VISITS	CPT CODE	UNIT	FY 24-25	
Minimal	99211	5 Min	\$ 25.00	+TB Screening, Skin Test, Blood Draw
Focused - New	99202	20 Min - New	\$ 162.00	Admin Fee
Detailed - New	99203	30 Min - New	\$ 243.00	
Comprehensive - New	99204	45 Min - New	\$ 311.00	VFC/317/SGF Private Pay
Comprehensive – new 60 – 74 mins	99205	60 MIN	\$351.00	\$26 per vaccine \$40 / \$27
Limited - Established	99212	10 Min - Est	\$ 116.00	Max \$52 per visit Max \$67 per visit
Focused - Established	99213	15 Min - Est	\$ 162.00	TB Screening Skin Test
Detailed - Established	99214	30 Min - Est	\$189.00	
Detailed – Established	99215	40–54 Min - Est	\$216.00	
Immunization - Injectable Adult/Child	90471	1 Only	\$ 40.00	Administration of a single vaccine
Immunization - Injectable Adult/Child (2+)	90472	2 or More	\$ 27.00	Administration of a 2nd or more vaccines
Immunization - Intranasal or Oral Adult/Child	90473	1 Only	\$ 40.00	Administration of a single vaccine
Immunization - Intranasal or Oral Adult/Child (2+ vaccines)	90474	2 or More	\$ 27.00	Administration of a 2nd or more vaccines
COVID Administration	90480		\$40.00	
Health Education Workshop	N/A		\$0-\$500	Contact Director of Nursing
PHN Consult/Ed/Outreach/Hr	N/A		\$ 162.00	Contact Director of Nursing (Per Hour)
Medical Marijuana ID Card	N/A		\$100.00	\$50.00 with Medi-Cal
IMMUNIZATIONS	PRODUCT NAME	CPT CODE	FY 24-25 FEES (Per Dose)	UNIT
Cholera (2 – 64 Years)	Vaxchora	90625	\$ 225.00	1 DOSE
COVID-19 (6mo – 4yr)	Pfizer	91318	\$58.00	1 DOSE
COVID-19 (5 – 11YR)	Pfizer	91319	\$77.00	1 DOSE
COVID-19 (12+ Years)	Comirnaty	91320	\$136.00	1 DOSE
Hepatitis A	Havrix	90632	\$ 70.00	2 DOSES (1st dose, then 6 Months later)
Hepatitis A & B	Twinrix	90636	\$ 107.00	3 DOSES (1st dose, 1 month, 6 months)
Hepatitis B: Engerix	Engerix	90746	\$ 47.00	3 DOSES (1st, 2 months, 6 months)
Hepatitis B: HEPISAV-B	Heplisav-B	90739	\$ 129.00	2 DOSES (1st, 1 month)
HIB (VFC/ADULT)	ACTHIB	90648	\$ 11.00	1 DOSE
Human Papillomavirus (HPV) (9-26 Years)	Gardasil 9	90651	\$ 286.00	3 DOSES (1st dose, 2 months, 6 months) - Only 2 doses before 15 Y.O.
Immune Globulin	GamaSTAN	90281	\$ 11.00	1 DOSE
Influenza – Flulaval .5ml	Flulaval	90656	\$17.00	1 DOSE
Influenza – Fluzone	Fluzone	90656	\$18.00	1 DOSE
Influenza - Flublok	Flublok	90673	\$65.00	1 DOSE
Influenza High Dose Fluzone (65+ Years)	FLUZONE	90662	\$ 65.00	1 DOSE
Meningococcal (10-55 Years)	Bexero	90620	\$ 197.00	2 DOSES (1 month apart)
Meningococcal (MCV4) (2-55 Years)	Menactra	90734	\$ 140.00	1 DOSE
Meningococcal (Groups A,C,Y,W)	MenQuadfi	90619	\$ 145.00	1 DOSE
MMR	M-M-R II	90707	\$ 90.00	2 DOSES (1st dose, 1 month later)
Pneumococcal (PCV20)	Prevnar 20	90677	\$ 253.00	1 DOSE
Polio Inactivated	Ipol (IPV)	90713	\$39.00	1 DOSE
Rabies	Imovax	90675	\$ 416.00	2 DOSES
RSV (60+ Years)	Arexvy	90679	\$274.00	1 DOSE
RSV	Abrysvo	90678	\$295.00	1 DOSE
Shingles (50+ Years)	Shringrix	90750	\$ 197.00	2 DOSES (2 - 6 months apart)
TB PPD (TB Test)	Tubersol	86580	\$ 9.00	N/A
TDAP (10-18 Years)	Boostrix	90715	\$ 39.00	1 DOSE
Typhoid Oral (4 Capsule Box)	Vivotif Cap	90690	\$ 86.00	1 DOSE
Typhoid Injection (2+ Years)	Typhim VI	90691	\$ 132.00	1 DOSE
Varicella (VZV)	Varivax	90716	\$ 173.00	2 DOSES (1st dose, 1 month later)
Yellow Fever (9mo – 59YR)	YF-Vax	90717	\$ 196.00	1 DOSE – Dr. Note for 60+
Yellow Fever Replacement Card	N/A	N/A	\$ 5.00	N/A

TB MEDICATIONS	PRODUCT NAME	CPT CODE	24-25 FEES	UNIT	LTBI Global Fees	24-25 FEES
Rifampin 150mg	Rifampin 150mg	S5000	\$0.17	Per Pill	INH + Rifapentine x 12 Weeks	\$374.40
Rifampin 300mg	Rifampin 300mg	S5000	\$0.08	Per Pill		
Vitamin B6 25mg	Vitamin B6 25mg	S5000	\$0.02	Per Pill	Rifampin (600mg) X 4 months	\$19.20
Vitamin B6 50mg	Vitamin B6 50mg	S5000	\$0.02	Per Pill	INH (300mg) X 6 months	\$36.00
PZA 500mg	Pyrazinamide 500mg	S5000	\$1.12	Per Pill	INH (300mg) X 9 months	\$54.00
INH 300mg	INH 300mg	S5000	\$0.20	Per Pill		
Ethambutol 400mg	Ethambutol 400mg	S5000	\$0.18	Per Pill		
Rifapentine/Priftin	Priftin 150mg	S5000	\$5.10	Per Pill		
Ondasetron (Zofran)	Ondasetron (Zofran)	S0119	\$1.00			

FAMILY PLANNING: BIRTH CONTROL	CPT CODE	24-25 FEES	UNIT
Contraceptive Patch: Xulane	J7304 UD	\$ 51.00	Per Box
Contraceptive Ring: Nuvaring	J7295 UD	\$ 0.03	Per Ring
Contraceptive Injection: Medroxyprogesterone Acetate (Depo)	J3490 UD	\$7.00	Per Injection
Condoms / Male	A4267		
Emergency Contraception: Ella	J3490 U5	\$ 19.00	Per Dose
Emergency Contraception: Plan B	J3490 U6	\$ 2.64	Per Dose
IUD: Mirena	J7298 UD	\$ 227.00	Each
IUD: Skyla	J7301 UD	\$ 472.00	Each
IUD: Paragard	J7300 UD	\$ 295.00	Each
IUD: Kyleena	J7296 UD	\$ 683.00	Each
Implant: Nexplanon/Implanon	J7307 UD	\$ 552.00	Each
Over the Counter - Levonorgestrel 1.5mg 1 in a box	J3490	\$20.00	Each

FAMILY PLANNING: ORAL BIRTH CONTROL PILLS	CPT CODE	24-25 FEES	UNIT
Norgestimate & Ethinyl Estradiol Oral: Ortho Cyclen or Mononess or Sprintec	S4993 UD	\$ 2.44	Each
Norgestimate & Ethinyl Estradiol Oral: Ortho Tri-Cyclen-Lo or Tri-Lo-Sprintec	S4993 UD	\$ 1.52	Each
Norgestimate & Ethinyl Estradiol Oral: Ortho Tri-Cyclen or Tri-Sprintec	S4993 UD	\$ 1.64	Each
Norethindrone: Ortho Micronor	S4993 UD	\$ 1.43	Each
Norethindrone & Ethinyl Estradiol Triphasic Regimen: Nortel 7/7/7 or Ortho Novum 7/7/7	S4993 UD	\$ 1.86	Each
Drospirenon & Ethinyl Estradiol Oral: Yaz	S4993 UD	\$ 0.28	Each

FAMILY PLANNING: MEDICATIONS	PRODUCT NAME	CPT CODE	24-25 FEES	UNIT
Fluconazole (150mg)	Diflucan 150mg	S5001	\$ 0.26	Per Pill
Doxycycline (100mg)	Doxycycline 100mg (#50)	S5000 UD	\$0.01	Per Pill
Doxycycline (100mg)	Doxycycline 100mg (#14)	S5000 UD	\$0.60	Per Pill
Metronidazole (500mg) #4	Metronidazole 500mg (#4)	S5000 UD	\$0.04	Per Pill
Ibuprofen 600MG 500 TB	Ibuprofen 600MG	A9150	\$0.07	Per Pill
Rocephin/Ceftriaxone Inj. (500 mg)	Ceftriaxone	J0696 UD	\$ 0.59	Per Injection
PCN G Benzathine	Bicillin LA	J0561 UD	\$ 0.02	Per Injection
Azithromycin 500mg	Azithromycin 500mg	Q0144 UD	\$ 0.41	Per Pill
Suprax (Cefixime) 400mg	Suprax Chew	J8499	\$ 13.48	Per Pill
EPT Doxycycline 100mg 50 in bottle	Doxycycline 100mg	S5000	\$0.16	Per Pill
EPT Azithromycin 500mg 30 in a bottle	Azithromycin 500mg	Q0144	\$0.41	Per Pill
EPT Cefixime 400mg 10 in a box	Suprax Chew	J8499	\$13.46	Per Pill

PROCEDURES / IN CLINIC TESTS	CPT CODE	24-25 FEES	LAB FEES 2024-2025			
			TEST CODE	DESCRIPTION	FEE	CPT
IUD Insertion	58300	\$168.22				
IUD Removal	58301	\$48.64	8800	QUANTIFERON PLUS	\$ 99.00	86480
Colposcopy	57454	\$86.14	5100	VARICELLA ZOSTER (VZV) ANTIBODY	\$110.00	86787
Contraceptive Implant - Insertion	11981	\$208.86	5035	SYPHILIS SCREEN SERUM, RPR	\$ 36.00	86592
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	\$ 64.00	87661
Wet Mount	87210	\$4.72	5500	HIV ANTIBODY SERUM	\$ 80.00	87389
PH Body Fluid	83986	\$3.18	8040	TOTAL COLIFORM & E. COLI P/A	\$ 40.00	-
HIV Antibody Test (OraQuick)	86701	\$7.90		TICK SENDOUT FOR LYME DISEASE	\$ 28.60	
			9150	BLOOD LEAD	\$ 44.00	83655