

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

Children's Vaccines		
90633	Hep A	\$32
90744	Hep B	\$22
90680	Rotavirus (given orally)	\$89
90648	Hib (ACTHIB) (haemophilus influenza Type B)	\$12
90715	Tdap (tetanus, diphtheria and pertussis)	\$43
90700	Dtap (Diphtheria, tetnus, pertussis)	\$24
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)	\$334
90723	Pediarix (polio, Dtap, Hep B)	\$76
90696	Kinrix (Dtap, polio)	\$54
90697	Vaxelis (Dtap, IPV, Hib, Hep B)	\$156
90734	MCV4 (meningococcal A, C, W, Y) Meningococcal-Menveo	\$141 \$147
90713	IPV (polio)	\$31
90698	Pentacel (polio, Hib, Dtap)	\$81
90670	Pneumococcal - PCV 13 (pediatric)	\$272
90671	Pneumococcal 15-PneumaVax (6wk +)	\$245
90716	Varicella (chickenpox)	\$182
90707	MMR (measles, mumps, rubella)	\$100
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)	\$237 \$189

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

Date Fees Updated: 4/12/2024

Adult and Travel Vaccines		
90677	Pneumococcal 20-Prevnar (19yrs +)	\$362
90732	Pneumococcal - PPV 23 (adult)	\$136
90746	Hep B (Energix B) (Hepelisav B)	\$59 \$134
90632	Hep A (Havrix)	\$83
90636	Twinrix (Hep A & B)	\$125
90717	Yellow Fever (at least 10 days prior to travel)	\$211
90750	Shingrix (Zoster-Shingles)(50+ years)	\$237
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)	\$144
90675	Rabies	\$408
90679	RSV (Avexvy - 60+ years)	\$329
90611	Monkey Pox	-
Administration Fees		
99212	Travel Consultation - office visit	\$65
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