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

Children's Vaccines		
90633	**Hep A**	$33
90744	**Hep B**	$22
90680	**Rotavirus** (given orally)	$89
90648	**Hib** (ACTHIB) (haemophilus influenza Type B	$13
90715	**Tdap** (tetanus, diphtheria and pertussis)	$45
90700	**Dtap** (Diptheria, 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)	$330
90723	**Pediarix** (polio, Dtap, Hep B)	$76
90696	**Kinrix** (Dtap, polio)	$54
90697	**Vaxelis** (Dtap, IPV, Hib, Hep B)	$156
90619	**Meningococcal A, C, W, Y (MCV4)** - Menquadfi	$145
90734	**Meningococcal** - Menveo	$147
90713	**IPV** (polio)	$31
90698	**Pentacel** (polio, Hib, Dtap)	$85
90670	**Pneumococcal - PCV 13** (pediatric)	$272
90671	**Pneumococcal 15-PneumaVax** (6wk +)	$245
90716	**Varicella** (chickenpox)	$182
90707	**MMR** (measles, mumps, rubella)	$103
90710	**MMRV** (MMR & Varicella)	$298
90714	**Td** (tetanus and diphtheria - booster evey 10 yrs) Only if you had Tdap	$40
90620	**MEN B** - Baxero (Meningococcal B)	$224
90621	**MEN B**-Trumenba (Meningococcal B)	$189

Harm Reduction		
96372	Injection - Prophylactic/ diagnostic/therapeutic	$33
80203	Opiates - Urine Drug Screen	$17

Adult and Travel Vaccines		
90677	**Pneumococcal 20-Prevnar** (19yrs +)	$305
90732	**Pneumococcal - PPV 23** (adult)	$136
90746	**Hep B** (Energix B)	$102
90739	**Hep B** (Heplisav B)	$134
90632	**Hep A** (Havrix)	$99
90611	**Monkey Pox**	-
90636	**Twinrix** (Hep A & B)	$125
90717	**Yellow Fever** (at least 10 days prior to travel)	$233
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)	$151
90675	**Rabies**	$421
90679	**RSV** (Avexvy - 60+ years)	$353
Administration Fees		
M0201	Home Visit - Add'l Admin (Flu, Hep B, Pneumoccal) Medicare	$38
90471	VFC or Adult State Supply (No Ins or underinsure	$19.85
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 Fluzone Reg Dose	$4
G0008	Medicare Patients - Influenza Fluzone High Dose	$9
G0008	Medicare Patients - Influenza Flublok Dose	$9
G0009	Medicare Patients - Pneumonia	$33
G0010	Medicare Patients - Hep B	$33
Flu Shots Fee - Admin Fee ($) included in cost		
90656	**Fluzone Reg Dose** (6 mths+) ($4 included in cost)	$25
90662	**Fluzone High Dose** (65+ yrs) ($9 included in cos	$85
90673	**Flublok Flu** (18+ yrs w/allergies) ($9 included in co	$85
90656	**Fluarix Flu** (6 mths+) **VFC charge admin fee only**	$4
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: 11/15/2024

Date BOH Approved4/14/2023