

DPHD Clinic Fee Schedule April 2022

Service	Code	Cash Pay	Insurance Billed Fee
VACCINE			
COVID-19	91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91309	\$ 39.00	\$ 50.00
Dtap	90700	\$ 25.00	\$ 31.82
DTaP-IPV	90696	\$ 52.00	\$ 68.18
Hep A - Adult	90632	\$ 68.00	\$ 88.00
Hep A - Ped	90633	\$ 31.00	\$ 40.00
Hep B - Adult	90746	\$ 55.00	\$ 71.00
Hep B - Ped	90744	\$ 24.00	\$ 31.00
Heplisav	90739	\$ 116.00	\$ 150.00
Hib - PRP T 4 dose	90648	\$ 23.00	\$ 30.00
HPV - 9 valent Gardasil	90651	\$ 208.00	\$ 270.00
Immune globulin	90281	\$ 76.00	\$ 98.84
IPV - polio	90713	\$ 29.00	\$ 37.49
Japanese encephalitis	90738	\$ 262.00	\$ 340.00
Meningococcal ACWY	90734	\$ 109.00	\$ 142.00
Meningococcal B	90620	\$ 196.00	\$ 255.00
Meningococcal B	90621	\$ 132.00	\$ 171.00
MMR	90707	\$ 82.00	\$ 107.00
MMRV	90710	\$ 193.00	\$ 250.00
Pediarix	90723	\$ 97.00	\$ 125.46
Pentacel	90698	\$ 88.00	\$ 113.78
Pneumococcal	90732	\$ 95.00	\$ 124.00
Prevnar 13	90670	\$ 206.00	\$ 267.00
Prevnar 20	90677	\$ 243.00	\$ 315.00
Rabies	90675	\$ 304.00	\$ 395.00
Rotarix 2 dose	90681	\$ 145.00	\$ 188.00
Rotateq	90680	\$ 76.00	\$ 99.17
Shingles	90750	\$ 158.00	\$ 205.00
TD	90714	\$ 32.00	\$ 41.00
Tdap	90715	\$ 39.00	\$ 50.14
Twinrix	90636	\$ 93.00	\$ 120.13
Typhoid	90691	\$ 103.00	\$ 134.00
Varicella	90716	\$ 131.00	\$ 170.00
Vaxelis	90697	\$ 121.00	\$ 157.00
NURSING ASSESSMENT			
Nursing Assessment	99211	\$ 20.00	\$ 26.00
Nursing Worksite per Hour		\$ 45.00	
VACCINE ADMINISTRATION			
Admin Flu Adult	G0008	\$ 21.00	\$ 27.00
Admin Pneum	G0009	\$ 21.00	\$ 27.00
Admin Hep B	G0010	\$ 21.00	\$ 27.00
Admin flu adult and 3-8 yr	Q2038	\$ 21.00	\$ 27.00
COVID-19 Single Dose Series	0031A	\$ 31.00	\$ 40.00
COVID-19 Single Dose Series booster	0034A	\$ 31.00	\$ 40.00
COVID-19 Initial (2 dose series)	0001A/0011A/0021A/0041A/0051A/0071A	\$ 31.00	\$ 40.00
COVID-19 Second Dose (2 dose series)	0002A/0012A/0022A/0042A/0052A/0072A	\$ 31.00	\$ 40.00
COVID-19 Third Dose (3 dose series)	0003A/0013A/0053A/0073A	\$ 31.00	\$ 40.00
COVID-19 Booster Dose	0004A/0054A/0064A/0094A	\$ 31.00	\$ 40.00
Vaccine admin, initial	90460/90471/90473	\$ 21.00	\$ 27.00
Vaccine admin, additional	90461/90472/90474	\$ 12.00	\$ 15.00
FLU			
Flu 6-35 month	90655	\$ 22.00	\$ 28.60
Flu Pre free 3 Yr+	90656	\$ 22.00	\$ 28.60
Flu w/ pres	90658	\$ 22.00	\$ 28.60
FluMist	90660/90672	\$ 30.00	\$ 39.00
High Dose flu	90662	\$ 47.00	\$ 61.00
Flucelvax	90756/90674	\$ 22.00	\$ 28.60
FluBlock Egg Free	90682	\$ 45.00	\$ 59.00
Flu 6-35 month quadrivalent	90685	\$ 22.00	\$ 28.60
Flu 6 month quadrivalent pres free	90686	\$ 22.00	\$ 28.60
Flu 6 month quadrivalent w/pres	90688	\$ 22.00	\$ 28.60
Worksite Flu (0-10 employees)		\$ 35.00	\$ 45.00
Worksite FluMist (0-10 employees)		\$ 35.00	\$ 45.00

Worksite High Dose & FluBlock (0-10 employee)		\$ 55.00	\$ 71.00
Worksite Flu (11-40 employees)		\$ 30.00	\$ 39.00
Worksite FluMist (11-40 employees)		\$ 30.00	\$ 39.00
Worksite High Dose & FluBlock (11-40 employees)		\$ 50.00	\$ 65.00
Worksite Flu (41+ employees)		\$ 25.00	\$ 32.00
Worksite FluMist (41+ employees)		\$ 25.00	\$ 32.00
Worksite High Dose & FluBlock (41+ employees)		\$ 45.00	\$ 59.00

SCREENINGS/SUPPLIES

Blood glucose	82962	\$ 3.00	\$ 4.00
Cholestech	80061QW	\$ 13.00	\$ 17.50
Cholesterol	82465	\$ 5.00	\$ 6.00
Condoms		\$ -	\$ -
Fingerstick	36416	\$ 5.00	\$ 7.00
HbA1C	83036	\$ 13.00	\$ 16.88
Hemoglobin	85018	\$ 3.00	\$ 3.30
HIV	86703	\$ -	\$ -
Naloxone		At DGHD cost	
Pregnancy Test	81025	\$ 7.00	\$ 9.23
TB test	86580	\$ 13.00	\$ 16.50
TOOTH Varnish	D1208	\$ 19.00	\$ 25.00

Notes:

Cash pay clients will receive a discount of 23% off the insurance billed rate rounded to the nearest dollar.

Vaccine administration, pregnancy tests, flu, and tooth varnish fees are eligible for sliding fee scale.

COVID-19 vaccine provided for free will not be assessed a vaccine fee

Fee for vaccine cost is not subject to sliding fee scale.

Nursing assess fee and administration fees for flu shots and TB tests will be discounted 100% for cash pay.

Fees for blood glucose and fingerstick, will be waived for cash pay clients attending agency clinics

HIV test and naloxone fee waived if kits provided to HD at no cost.

Contacts of TB cases will not be charged for testing.

No VFC eligible child will be turned away for inability to pay.

The Health Commissioner OR Deputy Health Commissioner can waive any clinic fee.

Approved by the Board of Health April 26, 2022. Effective May 18, 2022.