Vaccine & Medication Fee Schedule 3/26/2025		Quarter 4		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	
Detailed - New	99203	30 Min - New	$ 243.00	
Comprehensive - New	99204	45 Min - New	$ 311.00	
Comprehensive – new 60 – 74 mins	99205	60 MIN	$351.00	
Limited - Established	99212	10 Min - Est	$ 116.00	
Focused - Established	99213	15 Min - Est	$ 162.00	
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

	Private Pay	VFC/317/SGF	BAP
1st	$40	$26	$0
2nd	$27	$26	-
Max	Max $67	Max $52	No Cost

TB Screening	Skin Test
$25.00	$9 + $25 = $34

IMMUNIZATIONS	PRODUCT NAME	CPT CODE	FY 24-25 FEES (Per Dose)	UNIT
Cholera (2 – 64 Years)	Vaxchora	90625	$ 237.00	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	$ 73.00	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	$ 48.00	3 DOSES (1st, 2 months, 6 months
Hepatitis B: Heplisav-B	Heplisav-B	90739	$ 137.00	2 DOSES (1st, 1 month)
HIB (VFC/ADULT)	ACTHIB	90648	$ 11.00	1 DOSE
Human Papillomavirus (HPV) (9-26 Years)	Gardasil 9	90651	$ 306.00	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 .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	$ 159.00	1 DOSE
MMR	M-M-R II	90707	$ 92.00	2 DOSES (1st dose, 1 month later)
Pneumococcal (PCV20)	Prevnar 20	90677	$ 260.00	1 DOSE
Polio Inactivated	Ipol (IPV)	90713	$41.00	1 DOSE
Rabies	Imovax	90675	$ 441.00	2 DOSES
RSV (60+ Years)	Arexvy	90679	$274.00	1 DOSE
RSV	Abrysvo	90678	$295.00	1 DOSE
Shingles (50+ Years)	Shringrix	90750	$ 215.00	2 DOSES (2 - 6 months apart)
TB PPD (TB Test)	Tubersol	86580	$ 9.00	N/A
TDAP (10-18 Years)	Boostrix	90715	$ 40.00	1 DOSE
Typhoid Oral (4 Capsule Box)	Vivotif Cap	90690	$ 93.00	1 DOSE
Typhoid Injection (2+ Years)	Typhim VI	90691	$ 145.00	1 DOSE
Varicella (VZV)	Varivax	90716	$ 173.00	2 DOSES (1st dose, 1 month later)
Yellow Fever (9mo – 59YR)	YF-Vax	90717	$ 224.00	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
Rifampin 150mg	Rifampin 150mg	S5000	$0.17	Per Pill
Rifampin 300mg	Rifampin 300mg	S5000	$0.08	Per Pill
Vitamin B6 25mg	Vitamin B6 25mg	S5000	$0.02	Per Pill
Vitamin B6 50mg	Vitamin B6 50mg	S5000	$0.02	Per Pill
PZA 500mg	Pyrazinamide 500mg	S5000	$1.12	Per Pill
INH 300mg	INH 300mg	S5000	$0.20	Per Pill
Ethambutol 400mg	Ethambutol 400mg	S5000	$0.20	Per Pill
Rifapentine/Priftin	Priftin 150mg	S5000	$2.95	Per Pill
Ondasetron (Zofran)	Ondasetron (Zofran)	S0119	$1.00	

LTBI Global Fees	24-25 FEES
INH + Rifapentine x 12 Weeks	$219.60
Rifampin (600mg) x 4 months	$19.20
INH (300mg) x 6 months	$36.00
INH (300mg) x 9 months	$54.00

FAMILY PLANNING: BIRTH CONTROL	CPT CODE	24-25 FEES	UNIT
Contraceptive Patch: Xulane	J7304 UD	$ 60.00	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	$ 2.07	Each
Norgestimate & Ethinyl Estradiol Oral: **Ortho Tri-Cyclen-Lo or Tri-Lo-Sprintec**	S4993 UD	$ 1.12	Each
Norgestimate & Ethinyl Estradiol Oral: **Ortho Tri-Cyclen or Tri-Sprintec**	S4993 UD	$ 1.69	Each
Norethindrone: Ortho Micronor	S4993 UD	$ 1.21	Each
Norethindrone & Ethinyl Estradiol Triphasic Regimen: **Nortel 7/7/7 or Ortho Novum 7/7/7**	S4993 UD	$ 3.21	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	$ 0.46	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	$ 0.12	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
IUD Insertion	58300	$168.22
IUD Removal	58301	$48.64
Colposcopy	57454	$86.14
Contraceptive Implant - Insertion	11981	$208.86
Contraceptive Implant - Removal	11976	$99.67
UA without Microscopy (dip stick)	81002	$2.15
Pregnancy Test	81025	$2.80
Wet Mount	87210	$4.72
PH Body Fluid	83986	$3.18
HIV Antibody Test (OraQuick)	86701	$7.90

LAB FEES 2024-2025			
TEST CODE	DESCRIPTION	FEE	CPT
8800	QUANTIFERON PLUS	$99.00	86480
5100	VARICELLA ZOSTER (VZV) ANTIBODY	$110.00	86787
5035	SYPHILIS SCREEN SERUM, RPR	$36.00	86592
5500	HIV ANTIBODY SERUM	$80.00	87389
2750	CHLAMYDIA NAAT	$34.00	87491
2770	GONORRHEA NAAT	$34.00	87591
2850	TRICHOMONAS NAAT	$64.00	87661
9150	BLOOD LEAD	$44.00	83655
8040	Water - TOTAL COLIFORM & E. COLI P/A	$40.00	–
	TICK SENDOUT FOR LYME DISEASE	$38.33	