

DGHD Clinic Fee Schedule December 2018

Service	Code	Cash Pay	Insurance Billed Fee
VACCINE			
Dtap	90700	\$ 25.00	\$ 31.82
Hep A - Adult	90632	\$ 61.00	\$ 79.22
Hep A - Ped	90633	\$ 31.00	\$ 40.00
Hep B - Adult	90746	\$ 54.00	\$ 69.62
Hep B - Ped	90744	\$ 24.00	\$ 31.00
Hib - PRP T 4 dose	90648	\$ 23.00	\$ 30.00
HPV - 9 valent Gardasil	90651	\$ 198.00	\$ 257.00
Immune globulin	90281	\$ 76.00	\$ 98.84
IPV - polio	90713	\$ 29.00	\$ 37.49
Kinrix	90696	\$ 52.00	\$ 68.18
Meningococcal ACWY	90734	\$ 109.00	\$ 142.00
Meningococcal B	90620	\$ 196.00	\$ 255.00
Meningococcal B	90621	\$ 132.00	\$ 171.00
MMR	90707	\$ 65.00	\$ 83.92
MMRV	90710	\$ 185.00	\$ 240.07
Pediarix	90723	\$ 97.00	\$ 125.46
Pentacel	90698	\$ 88.00	\$ 113.78
Pneumococcal	90732	\$ 92.00	\$ 119.00
Prevnar 13	90670	\$ 193.00	\$ 250.00
Rabies	90675	\$ 300.00	\$ 389.10
Rotarix 2 dose	90681	\$ 145.00	\$ 188.00
Rotateq	90680	\$ 76.00	\$ 99.17
Shingles	90750	\$ 140.00	\$ 182.00
TD	90714	\$ 32.00	\$ 41.00
Tdap	90715	\$ 39.00	\$ 50.14
Twinrix	90636	\$ 93.00	\$ 120.13
Varicella	90716	\$ 116.00	\$ 150.00
NURSING ASSESSMENT			
Nursing Assessment	99211	\$ 20.00	\$ 26.00
Nursing Worksite per Hour		\$ 35.00	
VACCINE ADMINISTRATION			
Vaccine admin, initial	90460/90471/90473	\$ 19.00	\$ 24.50
Vaccine admin, additional	90461/90472/90474	\$ 10.00	\$ 13.00
Admin Flu Adult	G0008	\$ 20.00	\$ 26.00
Admin Pneum	G0009	\$ 20.00	\$ 26.00
Admin flu adult and 3-8 yr	Q2038	\$ 20.00	\$ 26.00
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	\$ 45.00	\$ 59.00
FluBlock Egg Free	90682	\$ 45.00	\$ 59.00
Flu 6-35 month quadrivalent	90685	\$ 22.00	\$ 28.60
Flu 3+yr quadrivalent pres free	90686	\$ 22.00	\$ 28.60
Flu 3+yr 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 Flu (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 Flu (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 Flu (41+ employeeed)		\$ 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	\$ 9.00	\$ 11.50
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.

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 Director of Personal Health can waive any clinic fee.

Approved by the Board of Health December 4, 2018. Effective December 5, 2018