

HARVEY COUNTY HEALTH DEPARTMENT FEE SCHEDULE

	0%	20%	40%	60%	80%	100%	CPT Code
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	
<u>VACCINATIONS</u>							
<u>VFC</u> no charge for vaccine							
administration	0.00	4.00	8.00	12.00	16.00	20.00	90471/90472
<u>Private Vaccine</u> Admin already added in							
Influenza Intramuscular	0.00	7.20	14.40	21.60	28.80	36.00	90686/G008
Influenza Intramuscular Split Dose	0.00	7.20	14.40	21.60	28.80	36.00	90688
Influenza High Dose	0.00	13.00	26.00	39.00	52.00	65.00	90662
Influenza Flublok	0.00	13.00	26.00	39.00	52.00	65.00	90682
Tdap (Adacel/Boostrix)	0.00	11.80	23.60	35.40	47.20	59.00	90715
DTaP (Daptacel)	0.00	7.60	15.20	22.80	30.40	38.00	90700
MMR (MMRII)	0.00	19.40	38.80	58.20	77.60	97.00	90707
Td (Tenivac)	0.00	10.40	20.80	31.20	41.60	52.00	90714
IPV (IPOL)	0.00	8.40	16.80	25.20	33.60	42.00	90713
Dtap/IPV (Kinrix/Quadracel)	0.00	14.00	28.00	42.00	56.00	70.00	90696
Hib (ActHib)	0.00	6.00	12.00	18.00	24.00	30.00	90648
Hepatitis B Ped (Age 0-19) (Engerix/Recombivax)	0.00	8.60	17.20	25.80	34.40	43.00	90744
Hepatitis B (Adult age 20 and over) (Engerix/Recombivax)	0.00	16.40	32.80	49.20	65.60	82.00	90746
DTaP/HBV/IPV (Pediatrix)	0.00	19.20	38.40	57.60	76.80	96.00	90723
PCV13 (Prevnar)	0.00	41.80	83.60	125.40	167.20	209.00	90670/G009
Varicella (Varivax)	0.00	31.00	62.00	93.00	124.00	155.00	90716
MCV4 (Menactra)	0.00	24.60	49.20	73.80	98.40	123.00	90734
DTaP/HIB/IPV (Pentacel)	0.00	16.20	32.40	48.60	64.80	81.00	90698
Pneumonia (Pneumovax 23)	0.00	25.20	50.40	75.60	100.80	126.00	90732/G009
MMR/Varicella (Proquad)	0.00	48.40	96.80	145.20	193.60	242.00	90710
HAV/HBV (Adult age 18 & over) (Twinrix)	0.00	24.60	49.20	73.80	98.40	123.00	90636
Hepatitis A (Child age 12 mo. thru age 18) (Havrix/Vaqta)	0.00	10.60	21.20	31.80	42.40	53.00	90633
Hepatitis A (Adult age 19 and older) (Havrix/Vaqta)	0.00	17.80	35.60	53.40	71.20	89.00	90632
Shingles (Two doses required separately) (Shingrix)	0.00	33.00	66.00	99.00	132.00	165.00	90750
Rotavirus (Rotateq)	0.00	20.80	41.60	62.40	83.20	104.00	90680
HPV (Gardasil)	0.00	49.60	99.20	148.80	198.40	248.00	90651
Men B 4C (Bexsero)	0.00	38.00	76.00	114.00	152.00	190.00	90620
Men B FHbp (Trumenba)	0.00	32.00	64.00	96.00	128.00	160.00	90621
<u>PPD (TB Skin Test)</u>							
TB Skin Test (Other) (Tubersol)	0.00	5.60	11.20	16.80	22.40	28.00	86580
TB Skin Test (EPI) (Tubersol)	0.00	0.00	0.00	0.00	0.00	0.00	
<u>MATERNAL/CHILD HEALTH</u>							
<u>Breast Pump Rental Program</u>							
Six Month Rental	0.00	5.00	10.00	15.00	20.00	25.00	
Six Month Rental Extension	0.00	5.00	10.00	15.00	20.00	25.00	
Breastfeeding Kits	0.00	5.00	10.00	15.00	20.00	25.00	
Breast Shields	0.00	0.80	1.60	2.40	3.20	4.00	
<u>Lactation Consultation</u>							
Initial visit - By referral from Dr	0.00	7.00	14.00	21.00	28.00	35.00	
Initial visit - No Referral	0.00	5.00	10.00	15.00	20.00	25.00	
Reassessment	0.00	5.00	10.00	15.00	20.00	25.00	
<u>Physicals Exams/Screenings</u>							
Daycare Physical (Child)	0.00	7.80	15.60	23.40	31.20	39.00	99211
With Headstart approval only							
Headstart Physical	0.00	8.80	17.60	26.40	35.20	44.00	99211
School Entry Physical	0.00	7.80	15.60	23.40	31.20	39.00	99211
Well Child Physical	0.00	7.80	15.60	23.40	31.20	39.00	99211

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Kan Be Healthy	0.00	14.00	28.00	42.00	56.00	70.00	Varies By Age
Vision Screening	0.00	2.20	4.40	6.60	8.80	11.00	
Dietary Consult	0.00	12.40	24.80	37.20	49.60	62.00	
Head Lice Check	0.00	1.20	2.40	3.60	4.80	6.00	
Nurse Visit	0.00	5.00	10.00	15.00	20.00	25.00	99211
SBIRT (15-30 min)	0.00	4.80	9.60	14.40	19.20	24.00	99408
SBIRT (30+ min)	0.00	9.60	19.20	28.80	38.40	48.00	99409
<u>Nurse Collection</u>							
Lead Screen	0.00	2.80	5.60	8.40	11.20	14.00	83655
Hemoglobin	0.00	1.00	2.00	3.00	4.00	5.00	85018
Urinalysis (Dip)	0.00	1.00	2.00	3.00	4.00	5.00	81002
Pregnancy Test	0.00	2.20	4.40	6.60	8.80	11.00	81025
Chlamydia/Gonorrhea (females 26 & over, all males)	0.00	2.80	5.60	8.40	11.20	14.00	87081
Chlamydia/Gonorrhea (females 25 & under)	0.00	0.00	0.00	0.00	0.00	0.00	87591
Routine Venipuncture	0.00	2.80	5.60	8.40	11.20	14.00	36415
<u>Medications</u>							
Prenatal Vitamins	Fees are set according to our cost						
<u>ADULT/PUBLIC HEALTH /STD</u>							
Specimen Shipping	0.00	3.00	6.00	9.00	12.00	15.00	99000
Nurse Visit	0.00	5.00	10.00	15.00	20.00	25.00	99211
Pregnancy Screening/Counseling	0.00	5.00	10.00	15.00	20.00	25.00	99211
STD Screening/Counseling	0.00	5.00	10.00	15.00	20.00	25.00	99211
Condoms (package of 6)	0.00	0.36	0.72	1.08	1.44	1.80	
DayCare Employment/Foster Care (Adult) Physical						20.00	99429
HV Co Employee Physical						55.00	99402
HV Co Employee Physical Follow-up Consult						17.00	
<u>CHILD CARE LICENSING</u>							
Orientation	Individual	Group	Surveys of Centers and School-Age Programs				
	45.00	25.00	# of Children		Annual		
Surveys	Initial	Annual	25 or less		148.00		
Licensed Day Care Home	85.00	85.00	26-50		173.00		
Group Day Care Home	95.00	95.00	51-75		198.00		
Preschool (per site)	202.00	148.00	76-100		223.00		
Residential Facility	164.00 + 55.00 per building		101-150		281.00		
			150 or more		323.00		
<u>Other CCL Services</u>							
Compliance Check, Amendments, Name Change, Blue Print Consultations, Building Inspections, and other services							
	38.00	for the first hour, 9.50 for each additional quarter hour					
<u>MISCELLANEOUS</u>							
HD Sharps Container							
	Purchase	14.00					
	Drop Off	NC					
Non HD Sharps Container							
	Drop Off with Purchase of HD Sharps Container	NC					
	Drop Off	7.00					
Copying (per page)		0.10					