TUSCOLA COUNTY HEALTH DEPARTMENT
FEE SCHEDULE

SUBJECT	Immunization Program 1 of 2	**PURPOSE**	To render charges for service.		
EFFECTIVE DATE		**01/01/2020**	**LAST REVIEW**	**12/16/2019**	
DATE ESTABLISHED		**01/26/1999**	**LAST REVISION DATE**	**12/18/2024**	
BOH ADOPTED DATE		**01/15/1999**	**BOH ADOPTED DATE**	**01/25/2025**	
BOC ADOPTED DATE		**01/26/1999**	**BOC RATIFICATION DATE**	**11/20/2018**	

Service	Code	Fee
DTaP Pediatric	90700	$25 Administration Fee and Vaccine Costs+20%*
Td/Tdap- Adolescent/Adult	90714/90715	$25 Administration Fee and Vaccine Costs+20%*
Injectable Polio– Children, Students, Susceptible Adults, Adults for Foreign Travel	90713	$25 Administration Fee and Vaccine Costs+20%*
Measles/Mumps/Rubella- Children, Students, Required College Booster, Adults for Foreign Travel, Susceptible Adults	90707	$25 Administration Fee and Vaccine Costs+20%*
Influenza –6 months old to 35 months old and older	90655/90656	$25 Administration Fee and Vaccine Costs+20%*
Influenza-Adult High Dose	90662	$25 Administration Fee and Vaccine Costs+20%*
Flu Mist-age 2years through 49years (Influenza LAIV)	90672	$25 Administration Fee and Vaccine Costs+20%*
Pneumococcal PVC 20 or PPSV23	90677	$25 Administration Fee and Vaccine Costs+20%*
TST-PPD Intradermal skin test		$25 *
Pedvax Hib	90647	$25 Administration Fee and Vaccine Costs+20%*
Hepatitis B – Children through 19 years	90744	$25 Administration Fee and Vaccine Costs+20%*
Hepatitis B – age 20 years and older -3 dose	90746	$25 Administration Fee and Vaccine Costs+ 20% *
Hepatitis B – Heplisav-B 2-dose-age 18 years and older		
Hepatitis A – 12 months through age 18 years	90633	$25 Administration Fee and Vaccine Costs+20%*
Hepatitis A - age 19 years and older	90632	$25 Administration Fee and Vaccine Costs+20%*

*Unless covered by VFC, VRP or MDHHS

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TUSCOLA COUNTY HEALTH DEPARTMENT
FEE SCHEDULE

SUBJECT	Immunization Program 2 of 2	**PURPOSE**	To render charges for services.

EFFECTIVE DATE	**03/15/2021**	**LAST REVIEW**	**03/15/2021**
DATE ESTABLISHED	**01/26/1999**	**LAST REVISION DATE**	**12/18/2024**
BOH ADOPTED DATE	**01/15/1999**	**BOH ADOPTED DATE**	**01/25/2025**
BOC ADOPTED DATE	**01/26/1999**	**BOC RATIFICATION DATE**	**03/25/2021**

Service	Code	Fee
Kinrix (DTaP /IPV)	90696	$25 Administration Fee and Vaccine Cost + 20% *
Pentacel (DTaP/HIB/IPV)	90698	$25 Administration Fee and Vaccine Cost + 20% *
Varicella-Varivax	90716	$25 Administration Fee and Vaccine Cost+20%*
Pediarix (DTaP/IPV/Hep B)	90723	$25 Administration Fee and Vaccine Cost+ 20% *
Rotovirus -RotaTeq	90680	$25 Administration Fee and Vaccine Cost+ 20% *
ProQuad-Measles/Mumps/Rubella/Varicella	90710	$25 Administration Fee and Vaccine Cost + 20% *
RSV Beyfortus-RSV Nirsevimab-Infants/Children	90380	$25 Administration Fee and Vaccine Cost + 20% *
RSV-Abrysvo-Adults	90678	$25 Administration Fee and Vaccine Cost +20% *
Vaxelis (DTaP/IPV/HIB/Hep B	90697	$25 Administration Fee and Vaccine Cost + 20% *
Menacwy-CRM-Menveo	90734	$25 Administration Fee and Vaccine Cost+20%*
Bexsero-MenB-4C, Trumenba-MenBFHbp	90620/90621	$25 Administration Fee and Vaccine Cost +20%*
Shingles-Shingrix	90750	$25 Administration Fee and Vaccine cost+20%*
Jynneos-Smallpox. MPox	90611	$25 Administration Fee and Vaccine Cost+20%*
HPV9-Gardasil	90651	$25 Administration Fee and Vaccine Cost+20%*
Twinrix (Hep A/B combo)	90636	$25 Administration Fee and Vaccine Cost + 20% *
COVID – 19 Vaccine Moderna Adult: Pfizer Adult: 5-11 years., 6mos-4years	91322/91320/ 91319/91318	$25 -Administration Fee and Vaccine Cost+20%*

*Unless covered by VFC, VRP or MDHHS.

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TUSCOLA COUNTY HEALTH DEPARTMENT
FEE SCHEDULE

SUBJECT	Family Planning 1 of 2	**PURPOSE**	To render charges for service.

EFFECTIVE DATE	**01/01/2020**	**LAST REVIEW**	**05/12/2023**
DATE ESTABLISHED	01/26/1999	**LAST REVISION DATE**	**12/18/2024**
BOH ADOPTED DATE	01/15/1999	**BOH ADOPTED DATE**	**01/25/2025**
BOC ADOPTED DATE	01/26/1999	**BOC RATIFICATION DATE**	**11/08/2018**

Service	Code	Fee
Initial Exam (ages 12 – 17)	99384	$207.71
Initial Exam (ages 18 – 39)	99385	$252.89
Initial Exam (ages 40 – 64)	99386	$ 252.89
Established Exam (ages 12 – 17)	99394	$145.88
Established Exam (ages 18 – 39	99395	$ 161.90
Established Exam (ages 40 – 64)	99396	$ 176.87
Initial Office Visit – Problem Focused	99201	$ 133.88
Initial Office Visit – Expanded Problem Focused	99202	$ 146.30
Established Office Visit – RN	99211	$ 76.79
Established Office Visit -Problem Focused	99212	$ 133.88
Established Office Visit -Expanded Problem Focused	99213	$ 148.08
Pregnancy Test	81025	$15
Hematology	85018QW	$10
Chlamydia - Probetec	86631	Actual Cost unless free from MDHHS
Gonorrhea	87850	Actual Cost unless free from MDHHS
Syphilis	84703QW	Actual Cost unless free from MDHHS
Trichomoniasis		Actual Cost unless free from MDHHS
Metronidazole		Actual Cost unless free from MDHHS
Doxycycline	Z8068	Actual Cost unless free from MDHHS
Zithromax	Q0144	Actual Cost unless free from MDHHS
Cefixime		Actual Cost unless free from MDHHS
Diflucan	Z8060	$5
Ceftriaxone		$15

. Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Provider as long as they are delineated in a contract which is approved by the Tuscola County Board of Health and the Tuscola Board of Commissioners.

TUSCOLA COUNTY HEALTH DEPARTMENT
FEE SCHEDULE

SUBJECT	Family Planning 2 of 2	**PURPOSE**	To render charges for service.
EFFECTIVE DATE	**01/01/2020**	**LAST REVIEW**	**05/12/2023**
DATE ESTABLISHED	01/26/1999	**LAST REVISION DATE**	**12/18/2024**
BOH ADOPTED DATE	01/15/1999	**BOH ADOPTED DATE**	**01/25/2025**
BOC ADOPTED DATE	01/26/1999	**BOC RATIFICATION DATE**	**11/08/2018**

Service	Code	Fee
Diaphragm	A4266	$20
Male Condom/dz	A4267	$4.00
Female Condom each	A4268	$ 2.00
Spermicide	A4269	$15
Intravaginal Contraceptive Ring	J7303	$ 45 or 340B cost
Oral Contraceptives	S4993	$20/pack or 340B cost
Medroxyprogesterone Acetate	J1050	$45
Transdermal Contraceptive Patch	J7304	$25
Nexplanon	J7307	Actual cost of device +20%
Nexplanon Insertion		$200
Nexplanon Removal		$230
Nexplanon Insertion and Removal on same day		$320
Emergency Contraception		$15/pack or 340B cost
IUD	S4989	Actual Cost of Device +20%
IUD Insertion	58300	$140
IUD Removal	58301	$155

. Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Provider as long as they are delineated in a contract which is approved by the Tuscola County Board of Health and the Tuscola Board of Commissioners.

TUSCOLA COUNTY HEALTH DEPARTMENT
FEE SCHEDULE

SUBJECT	Maternal Infant Support Program) Maternal Infant Health Program-MIHP)	**3**	**PURPOSE**	To render charges for service.

EFFECTIVE DATE	**06/01/2021**	**LAST REVIEW**	**06/04/2021**
DATE ESTABLISHED	01/26/1999	**LAST REVISION DATE**	**12/11/2024**
BOH ADOPTED DATE	01/15/1999	**BOH ADOPTED DATE**	**01/20/2025**
BOC ADOPTED DATE	01/26/1999	**BOC RATIFICATION DATE**	**06/24/2021**

Service	Code	Fee
MIHP Office Enrollment	H1000	$95
MIHP Home Enrollment	H2000	$119
MIHP Home Visit	99402	$103
MIHP Office Visit	99402	$76
ISS Visit Drug Exposed Infant	96167	$103
Non-Emergency Transportation Mileage	S0215	$0.67 per mile
MIHP Additional Visit	H1001	$95
MIHP Care Coordination	T2022	$80
MIHP Complex Visit	99600	$140
MIHP D/C Visit	H1004	$110

TUSCOLA COUNTY HEALTH DEPARTMENT
FEE SCHEDULE

SUBJECT	Miscellaneous Fees	**4**	**PURPOSE**	To render charges for service.

EFFECTIVE DATE	**01/01/2020**	**LAST REVIEW**	**12/16/2019**
DATE ESTABLISHED	01/26/1999	**LAST REVISION DATE**	**12/11/2024**
BOH ADOPTED DATE	01/15/1999	**BOH ADOPTED DATE**	**01/25/2025**
BOC ADOPTED DATE	01/26/1999	**BOC RATIFICATION DATE**	**11/08/2018**

Service	Code	Fee
Lead		$25
Hearing Screening		$20
Vision Screening		$20
Court Ordered Testing		$145+ Actual Cost of Test
Disinterment/Reinternment Permit		$10
Record Copy Cost (per page)		.02 per page (FOIA related – first 30 copies free)

*Unless covered by VFC, VRP or MDHHS. Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Provider as long as they are delineated in a contract which is approved by the Tuscola County Board of Health and the Tuscola Board of Commissioners.

TUSCOLA COUNTY HEALTH DEPARTMENT
FEE SCHEDULE

SUBJECT	Sexually Transmitted Disease	**5**	**PURPOSE**	To render charges for service.	
EFFECTIVE DATE	**01/01/2020**		**LAST REVIEW**		**12/16/2019**
DATE ESTABLISHED	01/26/1999		**LAST REVISION DATE**		**12/11/2024**
BOH ADOPTED DATE	01/15/1999		**BOH ADOPTED DATE**		**01/25/2025**
BOC ADOPTED DATE	01/26/1999		**BOC ADOPTED DATE**		**11/08/2018**

Service	Code	Fee
New Client – Office Visit – Problem Focused	99201	$133.88
New Client – Office Visit – Expanded Problem	99202	$146.30
Established Client – Office Visit – Nursing Intervention	99211	$76.79
Established Client – Office Visit – Problem Focused	99212	$133.88
Pregnancy Test		$15.00
Syphilis		Actual cost unless free from MDHHS
Chlamydia	86631	Actual cost unless free from MDHHS
GC	87850	Actual cost unless free from MDHHS
Hepatitis B		Actual Cost unless free from MDHHS
Hepatitis C		Actual Cost unless free from MDHHS
Trichomoniasis		Actual Cost unless free from MDHHS
Metronidazole		Actual Cost unless free from MDHHS
Bicillin		Actual Cost unless free from MDHHS
Doxycycline		Actual cost unless free from MDHHS
Zithromax		Actual cost unless free from MDHHS
Cefixime		Actual cost unless free from MDHHS
Ceftriaxone		Actual cost unless free from MDHHS
Male Condoms/Dozen		$4.20, unless free from MDHHS
Female Condom		$2.00, unless free from MDHHS

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