

**TUSCOLA COUNTY HEALTH DEPARTMENT
PUBLIC HEALTH FEE SCHEDULE**

SECTION	1 (Part 1)	SUBJECT	Immunization Program
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	01/01/2024	LAST REVIEW DATE	12/05/2023
BOH ADOPTED DATE	12/15/2023	LAST REVISION DATE	12/05/2023
BOC ADOPTED DATE	12/14/2023		

Service	Fee
DTaP or DT- Children and Students	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Tdap- Adult	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/AVP)
Injectable Polio Vaccine Children, Students, Susceptible Adults, Adults for Foreign Travel	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Measles/Mumps/Rubella- Children, Students, Required College Booster, Adults for Foreign Travel, Susceptible Adults	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/AVP)
Influenza – 6 months and older	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Influenza – Adult-High Dose	\$25 Administration Fee and Vaccine Costs + 20%)
Flu Mist – age 2 years through 50 years	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Pneumococcal - PCV20	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/AVP)
Pneumococcal - PPV23	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/AVP)
Tuberculin Tests	\$25
HIB - Pedvax	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Hepatitis B Vaccine – Children through 19 years	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Hepatitis B Vaccine – age 20 years and older	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by AVP)
Hepatitis A – 12 months through age 18 years	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Hepatitis A - age 19 years and older	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by AVP)

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/Board of Commissioners.

**TUSCOLA COUNTY HEALTH DEPARTMENT
PUBLIC HEALTH FEE SCHEDULE**

SECTION	1 (Part 2)	SUBJECT	Immunization Program
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	01/01/2024	LAST REVIEW DATE	12/05/2023
BOH ADOPTED DATE	12/15/2023	LAST REVISION DATE	12/05/2023
BOC ADOPTED DATE	12/14/2023		

Service	Fee
Kinrix (DTaP/ IPV)	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Pentacel (DTaP/HIB/IPV)	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Varicella	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Pediarix (DTaP/IPV/Hep B)	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Rotovirus	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
ProQuad	\$25 Administration Fee and Vaccine Cost +20% (unless covered by VFC)
RSV - Beyfortus – Infants/Children	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
RSV – Abrysvo - Adults	\$25 Administration Fee and Vaccine Cost + 20%
Vaxelis (DTaP/IPV/Hib/HepB)	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Meningococcal Vaccine - Menveo	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Bexsero-Meningococcal B (MenB), Trumenba	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Shingles - Shingrix	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by AVP)
HPV - Gardasil	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/APV)
Twinrix (HepA/HepB)	\$25 Administration Fee and Vaccine Cost + 20%
MPOX- Jynneos	\$25 Administration Fee and Vaccine Cost + 20% (unless free from MDHHS)
COVID – 19 Vaccine	\$25 - \$40 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/AVP)
Immunization Record	Free

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**TUSCOLA COUNTY HEALTH DEPARTMENT
PUBLIC HEALTH FEE SCHEDULE**

SECTION	2 (Part 1)	SUBJECT	Family Planning
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	01/01/2024	LAST REVIEW DATE	12/05/2023
BOH ADOPTED DATE	12/15/2023	LAST REVISION DATE	12/05/2023
BOC ADOPTED DATE	12/14/2023		

Service	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 – MLP-Problem Focused [99212]	\$ 133.88
Established Office Visit – MLP-Expanded Problem Focused [99213]	\$ 148.08
Pregnancy Test [81025]	\$15
Hematology [85018QW]	\$10

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
PUBLIC HEALTH FEE SCHEDULE**

SECTION	2 (Part 2)	SUBJECT	Family Planning	
PURPOSE	To establish fees to be charged for services rendered.			
EFFECTIVE DATE	01/01/2024	LAST REVIEW DATE	12/05/2023	
BOH ADOPTED DATE	12/15/2023	LAST REVISION DATE	12/05/2023	
BOC ADOPTED DATE	12/14/2023			
Service		Fee		
Gonorrhea [87850] High Risk		Actual cost of test, unless free from MDHHS		
Chlamydia - [86631] High Risk		Actual cost of test, unless free from MDHHS		
Syphilis [84703QW]		Actual cost of test, unless free from MDHHS		
Metronidazole		Actual cost of drug, unless free from MDHHS		
Doxycycline [Z8068]		Actual cost of drug, unless free from MDHHS		
Azithromycin [Q0144]		Actual cost of drug, unless free from MDHHS		
Cefixime		Actual cost of drug, unless free from MDHHS		
Medroxyprogesterone Acetate [J1055]		\$45 or 340B cost		
Transdermal Contraceptive Patch		\$25 or 340B cost		

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
PUBLIC HEALTH FEE SCHEDULE**

SECTION	2 (Part3)	SUBJECT	Family Planning
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PURPOSE	To establish fees to be charged for services rendered.		
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EFFECTIVE DATE	01/01/2024	LAST REVIEW DATE	12/05/2023
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BOH ADOPTED DATE	12/15/2023	LAST REVISION DATE	12/05/2023
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BOC ADOPTED DATE	12/14/2023		
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Service	Fee
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Diaphragm [A4266]	\$20
Male Condom [A4267]	\$4.20 (unless free from MDHHS)
Female Condom [A4268]	\$2 (unless free from MDHHS)
Spermicide (gel, cream, film) [A4269]	\$10
Intravaginal contraceptive ring [J7303]	\$ 45 or 340B cost
Fluconozole [Z8060]	\$5
Oral Birth Control [S4993]	\$20/pack or 340B cost
Nexplanon	Actual cost of device
Nexplanon Insertion	\$64.11
Nexplanon Removal	\$71.78
Nexplanon removal insertion on same DOS	\$90.74
Emergency Contraception [Z8506]	\$15/pack or 340B cost
IUD [S4989]	Actual Cost of Device
IUD Insertion [58300]	\$70.72
IUD Removal [58301]	\$70.72
Ceftriaxone	Actual cost of drug, unless free from 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
PUBLIC HEALTH FEE SCHEDULE**

SECTION	3	SUBJECT	Maternal Infant Support Program (Maternal Infant Health Program - MIHP)	
PURPOSE	To establish fees to be charged for services rendered.			
EFFECTIVE DATE	10/01/2023	LAST REVIEW DATE	12/05/2023	
BOH ADOPTED DATE	12/15/2023	LAST REVISION DATE	12/05/2023	
BOC ADOPTED DATE	12/14/2023			
Service		Fee		
MIHP Office Enrollment		\$ 95		
MIHP Home Enrollment		\$119		
MIHP Home Visit		\$103		
MIHP Office Visit		\$76		
ISS Visit Drug Exposed Infant		\$103		
Childbirth Education Series		\$35		
Pilot MIHP Additional Visit		\$95		
Pilot MIHP Care Coordination		\$80		
Pilot MIHP Complex Visit		\$140		
Pilot MIHP D/C Visit		\$110		

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
PUBLIC HEALTH FEE SCHEDULE**

SECTION	4	SUBJECT	Miscellaneous Fees
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	01/01/2024	LAST REVIEW DATE	12/05/2023
BOH ADOPTED DATE	12/15/2023	LAST REVISION DATE	12/05/2023
BOC ADOPTED DATE	12/14/2023		

Service	Fee
Lead	\$25
Immune Status Titers: FB146 – Medical/Nursing Student – Measles, Mumps, Rubella, Anti-HBs, Varicella Zoster FB147- Health Care Worker – Measles, Mumps, Rubella, Varicella Zoster	Actual Cost of Lab Tests/Kits (when test kits available)
Lead Nursing Home Visit – First Visit & Second T1028	\$85
Lead Environmental Health Home Visit – First Visit & Second T102	\$205
Court Ordered Testing	\$141+ Actual Cost of Test
Public Health Nurse/Health Educator Presentation	\$75/Hour (min. 1-hour charge)
Disinterment/Reinterment Permit	\$10
Record Copy Cost (per page)	.02 per page (FOIA related – first 30 copies free)
Dental Varnish Screening Exam (Children under the age of 7)	\$14.89
Dental Varnish Application (Children under the age of 6)	\$9.00

**TUSCOLA COUNTY HEALTH DEPARTMENT
PUBLIC HEALTH FEE SCHEDULE**

SECTION	5	SUBJECT	Sexually Transmitted Disease
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	01/01/2024	LAST REVIEW DATE	12/05/2023
BOH ADOPTED DATE	12/15/2023	LAST REVISION DATE	12/05/2023
BOC ADOPTED DATE	12/14/2023		
Service		Fee	
New Client – Office Visit – Problem Focused		\$133.88	
New Client – Office Visit – Expanded Problem		\$146.30	
Established Client – Office Visit – Nursing Intervention		\$76.79	
Established Client – Office Visit – Problem Focused		\$133.88	
Laboratory – Pregnancy Test		\$15.00	
Laboratory - Serology/ Syphilis		Actual cost of test unless free from MDHHS	
Laboratory – Chlamydia		Actual cost of test unless free from MDHHS	
Laboratory – GC		Actual cost of test unless free from MDHHS	
Laboratory - Hepatitis B		Actual cost of test unless free from MDHHS	
Laboratory – Hepatitis C		Actual cost of test unless free from MDHHS	
Metronidazole		Actual cost of drug unless free from MDHHS	
Doxycycline		Actual cost of drug unless free from MDHHS	
Bicillin		Actual cost of drug unless free from MDHHS	
Azithromycin		Actual cost of drug unless free from MDHHS	
Cefixime		Actual cost of drug unless free from MDHHS	
Ceftriaxone		Actual cost of drug unless free from MDHHS	
Male Condoms/Dozen		\$4.20, unless free from the state	
Female Condom		\$2.00, unless free from the state	

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