

**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	<b>1 (Part 1)</b>	<b>SUBJECT</b>	Immunization Program
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>01/01/2020</b>	<b>LAST REVIEW</b>	<b>12/16/2019</b>
<b>DATE ESTABLISHED</b>	01/26/1999	<b>LAST REVISION DATE</b>	<b>01/01/2019</b>
<b>BOH ADOPTED DATE</b>	01/15/1999	<b>BOH ADOPTED DATE</b>	<b>11/16/2018</b>
<b>BOC ADOPTED DATE</b>	01/26/1999	<b>BOC RATIFICATION DATE</b>	<b>11/20/2018</b>

Service	Fee
Dtap, TD, or DT- Children and Students	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
Td/Tdap- Adult	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
Injectable Polio Vaccine/ Oral Polio Vaccine – Children, Students, Susceptible Adults, Adults for Foreign Travel	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
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/VRP)
Influenza – Less than 36 months old	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
Influenza – 36 months and older	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
Influenza – Adult	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
Flu Mist – age 2 years through 50 years	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
Prevnar 13– PCV13	\$25 Administration Fee and Vaccine Cost + 20%
Pneumococcal	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
Tuberculin Tests	\$25
HIB - Pedvax	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
Hepatitis B Vaccine – Children through 18 years	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
Hepatitis B Vaccine – age 19 years	\$25 Administration Fee and Vaccine Costs + 20%
Hepatitis B Vaccine – age 20 years and older	\$25 Administration Fee and Vaccine Costs + 20%
Hepatitis A – 12 months – Age 18	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)
Hepatitis A - age 19 years and older	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/VRP)

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  
FEE SCHEDULE**

SECTION	<b>1 (Part 2)</b>	SUBJECT	Immunization Program
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	<b>03/15/2021</b>	LAST REVIEW	<b>03/15/2021</b>
DATE ESTABLISHED	01/26/1999	LAST REVISION DATE	<b>03/15/2021</b>
BOH ADOPTED DATE	01/15/1999	BOH ADOPTED DATE	<b>03/19/2021</b>
BOC ADOPTED DATE	01/26/1999	BOC RATIFICATION DATE	<b>03/25/2021</b>
Service		Fee	
Kinrix (Dtap & inactivated Polio)		\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/VRP)	
Pentacel (Dtap/HIB/IPV)		\$25 Administration Fee and Vaccine Cost + 20%(unless covered by VFC/VRP)	
Varicella		\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/VRP)	
Pediatrix (DTap/IPV/Hep B)		\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/VRP)	
Rotovirus		\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/VRP)	
ProQuad		\$25 Administration Fee and Vaccine Cost + 20%	
RIG (Rabies Immune Globulin)		\$25 Administration Fee and Vaccine Cost + 20%	
Rabies - Pre-Exposure/ Post-Exposure		\$25 Administration Fee and Vaccine Cost + 20% (unless covered by MDCH)	
Rabies - Titer		\$20 per titer	
Meningococcal Vaccine (Menomune)		\$25 Administration Fee and Vaccine Cost + 20% (unless covered by MDCH)	
Menactra Vaccine		\$25 Administration Fee and Vaccine Cost + 20%	
Bexsero-Meningococcal B (MenB)		\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/VRP)	
Immunization Record		Free	
Gardasil		\$25 Administration Fee and Vaccine Cost + 20%	
Twinrix (Hep A/B combo)		\$25 Administration Fee and Vaccine Cost + 20%	
<b>COVID – 19 Vaccine</b>		<b>\$25 - \$40 Administration Fee and Vaccine Cost</b>	

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**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	<b>2 (Part 1)</b>	<b>SUBJECT</b>	Family Planning	
<b>PURPOSE</b>	To establish fees to be charged for services rendered.			
<b>EFFECTIVE DATE</b>	<b>01/01/2020</b>	<b>LAST REVIEW</b>	<b>12/16/2019</b>	
<b>DATE ESTABLISHED</b>	01/26/1999	<b>LAST REVISION DATE</b>	<b>01/01/2017</b>	
<b>BOH ADOPTED DATE</b>	01/15/1999	<b>BOH ADOPTED DATE</b>	<b>09/21/2018</b>	
<b>BOC ADOPTED DATE</b>	01/26/1999	<b>BOC RATIFICATION DATE</b>	<b>11/08/2018</b>	
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	

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**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	<b>2 (Part 2)</b>	<b>SUBJECT</b>	Family Planning
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>01/01/2020</b>	<b>LAST REVIEW</b>	<b>12/16/2019</b>
<b>DATE ESTABLISHED</b>	01/26/1999	<b>LAST REVISION DATE</b>	<b>12/18/2015</b>
<b>BOH ADOPTED DATE</b>	01/15/1999	<b>BOH ADOPTED DATE</b>	<b>09/21/2018</b>
<b>BOC ADOPTED DATE</b>	01/26/1999	<b>BOC RATIFICATION DATE</b>	<b>11/08/2018</b>
Service		Fee	
GC - Probetec [87850] High Risk		Actual Cost of Test, unless free from MDCH	
Chlamydia - Probetec [86631] High Risk		Actual Cost of Test, unless free from MDCH	
VDRL [84703QW]		Actual Cost of Test, unless free from MDCH	
Terazol [Z8005]		\$15	
Doxycycline [Z8068]		Actual Cost of Drug, unless free from MDCH	
Zithromax Suspension 1 gm. [ Q0144]		Actual Cost of Drug, unless free from MDCH	
Suprax		Actual Cost of Drug, unless free from MDCH	
Depo Provera [J1055]		\$45	
Ortho Evra Patch		\$25	
Micronor		\$ 20	

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**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	<b>2 (Part3)</b>	<b>SUBJECT</b>	Family Planning	
<b>PURPOSE</b>	To establish fees to be charged for services rendered.			
<b>EFFECTIVE DATE</b>	<b>01/01/2020</b>	<b>LAST REVIEW</b>	<b>12/16/2019</b>	
<b>DATE ESTABLISHED</b>	01/26/1999	<b>LAST REVISION DATE</b>	<b>12/18/2015</b>	
<b>BOH ADOPTED DATE</b>	01/15/1999	<b>BOH ADOPTED DATE</b>	<b>09/21/2018</b>	
<b>BOC ADOPTED DATE</b>	01/26/1999	<b>BOC RATIFICATION DATE</b>	<b>11/08/2018</b>	
Service			Fee	
Diaphragm [A4266]			\$20	
Male Condom [A4267]			\$4.20	
Female Condom [A4268]			\$ 2.00	
Jelly [A4269]			\$10	
Nuva Ring [J7303]			\$ 45	
Nuva Ring – Prime Vendor			Actual Cost of Drug	
Diflucan [Z8060]			\$5	
Ortho Novum 777 [S4993]			\$20/pack	
Ortho-cyclen [S4993]			\$ 20/pack	
Tri Cyclen [S4993]			\$ 20/pack	
Ortho Tricyclen LO			\$ 20/pack	
Lutera			\$20	
Plan B [Z8506]			\$15/pack	
IUD [S4989]			Actual Cost of Device	
IUD Insertion [58300]			Actual cost according to	
IUD Removal [58301]			Contract	
Rocephin Injection (Ceftriaxone)			\$15	

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**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	<b>3</b>	<b>SUBJECT</b>	Maternal Infant Support Program (Maternal Infant Health Program - MIHP)	
<b>PURPOSE</b>	To establish fees to be charged for services rendered.			
<b>EFFECTIVE DATE</b>	<b>06/01/2021</b>	<b>LAST REVIEW</b>	<b>06/04/2021</b>	
<b>DATE ESTABLISHED</b>	01/26/1999	<b>LAST REVISION DATE</b>	<b>01/01/2020</b>	
<b>BOH ADOPTED DATE</b>	01/15/1999	<b>BOH ADOPTED DATE</b>	<b>06/18/2021</b>	
<b>BOC ADOPTED DATE</b>	01/26/1999	<b>BOC RATIFICATION DATE</b>	<b>06/24/2021</b>	
<b>Service</b>		<b>Fee</b>		
MSS Office Enrollment		\$ 88		
MSS Home Enrollment		\$110		
MSS Home Visit		\$95		
MSS Office Visit		\$70		
ISS Office Enrollment		\$88		
ISS Home Enrollment		\$110		
ISS Home Visit		\$95		
ISS Office Visit		\$70		
ISS Visit Drug Exposed Infant		\$95		
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		

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**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	<b>4</b>	<b>SUBJECT</b>	Miscellaneous Fees
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>03/01/2022</b>	<b>LAST REVIEW</b>	<b>01/27/2022</b>
<b>DATE ESTABLISHED</b>	01/26/1999	<b>LAST REVISION DATE</b>	<b>03/01/2022</b>
<b>BOH ADOPTED DATE</b>	01/15/1999	<b>BOH ADOPTED DATE</b>	<b>02/18/2022</b>
<b>BOC ADOPTED DATE</b>	01/26/1999	<b>BOC RATIFICATION DATE</b>	<b>02/24/2022</b>

Service	Fee
Lead	\$25
Lead sample collection only	<b>\$10</b>
Lead Nursing Home Visit – First Visit & Second T1028	\$85
Lead Environmental Health Home Visit – First Visit & Second T102	\$205
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)
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 3 – Medicaid only)	\$14.89
Dental Varnish Application (Children under the age of 3 – Medicaid only)	\$9.00

<b>SECTION</b>	<b>6</b>	<b>SUBJECT</b>	Sexually Transmitted Disease
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>01/01/2020</b>	<b>LAST REVIEW</b>	<b>12/16/2019</b>
<b>DATE ESTABLISHED</b>	01/26/1999	<b>LAST REVISION DATE</b>	<b>01/01/2017</b>
<b>BOH ADOPTED DATE</b>	01/15/1999	<b>BOH ADOPTED DATE</b>	<b>09/21/2018</b>
<b>BOC ADOPTED DATE</b>	01/26/1999	<b>BOC ADOPTED DATE</b>	<b>11/08/2018</b>
<b>Service</b>		<b>Fee</b>	
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/VDRL		Actual cost of test unless free from MDCH	
Laboratory – Chlamydia		Actual cost of test unless free from MDCH	
Laboratory – GC		Actual cost of test unless free from MDCH	
Medications – Doxycycline		Actual cost of drug unless free from MDCH	
Medications – Zithromax		Actual cost of drug unless free from MDCH	
Suprax		Actual cost of drug unless free from MDCH	
Rocephin Injection (Ceftriaxone)		Actual cost of drug unless free from MDCH	
Contraceptives – Condoms/Dozen		\$4.20, unless free from the state	
Contraceptives – Female Condom		\$2.00, unless free from the state	

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