

**ALACHUA COUNTY HEALTH DEPARTMENT CLINIC FEES
EFFECTIVE 9/5/24**

PROCEDURE NAME	Procedure Code	CHARGE						
		FEE GROUP (Based on Federal Poverty Guidelines)						
		0%	17%	33%	50%	67%	83%	100%
OFFICE VISIT ESTABLISHED PATIENT	99212	0	\$ 9.46	\$ 18.36	\$ 27.82	\$ 37.28	\$ 46.18	\$ 55.64
	99213	0	\$ 15.26	\$ 29.62	\$ 44.89	\$ 60.15	\$ 74.51	\$ 89.77
	99214	0	\$ 21.55	\$ 41.83	\$ 63.38	\$ 84.93	\$ 105.21	\$ 126.76
	99215	0	\$ 30.44	\$ 59.08	\$ 89.52	\$ 119.96	\$ 148.60	\$ 179.04
OFFICE VISIT NEW PATIENT	99202	0	\$ 13.92	\$ 27.01	\$ 40.93	\$ 54.85	\$ 67.94	\$ 81.86
	99203	0	\$ 21.48	\$ 41.70	\$ 63.18	\$ 84.66	\$ 104.88	\$ 126.36
	99204	0	\$ 32.19	\$ 62.49	\$ 94.68	\$ 126.86	\$ 157.16	\$ 189.35
	99205	0	\$ 42.45	\$ 82.40	\$ 124.85	\$ 167.29	\$ 207.24	\$ 249.69
NURSING PROTOCOL VISIT	99211(99201)	0	\$ 4.49	\$ 8.71	\$ 13.20	\$ 17.69	\$ 21.91	\$ 26.40
PHYSICAL EXAM (CHILD ESTABLISHED)	99391-99394	0	\$ 18.23	\$ 35.38	\$ 53.61	\$ 71.83	\$ 88.98	\$ 107.21
PHYSICAL EXAM (ADULT 18-39YRS ESTABLISHED)	99395	0	\$ 20.05	\$ 38.92	\$ 58.97	\$ 79.01	\$ 97.88	\$ 117.93
PHYSICAL EXAM (ADULT 40-64YRS ESTABLISHED)	99396	0	\$ 23.82	\$ 46.24	\$ 70.06	\$ 93.88	\$ 116.30	\$ 140.12
PHYSICAL EXAM (ADULT 65+YRS ESTABLISHED)	99397	0	\$ 25.63	\$ 49.75	\$ 75.38	\$ 101.00	\$ 125.12	\$ 150.75
PHYSICAL EXAM (CHILD NEW)	99381-99384	0	\$ 18.23	\$ 35.38	\$ 53.61	\$ 71.83	\$ 88.98	\$ 107.21
PHYSICAL EXAM (ADULT 18-39 YRS NEW)	99385	0	\$ 20.05	\$ 38.92	\$ 58.97	\$ 79.01	\$ 97.88	\$ 117.93
PHYSICAL EXAM (ADULT 40-64YRS NEW)	99386	0	\$ 28.66	\$ 55.63	\$ 84.30	\$ 112.96	\$ 139.93	\$ 168.59
PHYSICAL EXAM (ADULT 65+YRS NEW)	99387	0	\$ 30.99	\$ 60.15	\$ 91.14	\$ 122.12	\$ 151.28	\$ 182.27
SCHOOL ENTRANCE EXAM	99212	35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
STD LAB SCREENING	99402	0	\$ 8.50	\$ 16.50	\$ 25.00	\$ 33.50	\$ 41.50	\$ 50.00
I.U.D. INSERT	58300	0	\$ 18.74	\$ 36.38	\$ 55.12	\$ 73.86	\$ 91.50	\$ 110.24
I.U.D. REMOVAL	58301	0	\$ 21.35	\$ 41.45	\$ 62.81	\$ 84.16	\$ 104.26	\$ 125.61
DIAPHRAGM WITH FITTING	57170	0	\$ 12.83	\$ 24.91	\$ 37.74	\$ 50.57	\$ 62.65	\$ 75.48
NORPLANT REMOVAL	11976	0	\$ 28.02	\$ 54.40	\$ 82.42	\$ 110.44	\$ 136.82	\$ 164.84
EKG	93000	0	\$ 2.76	\$ 5.35	\$ 8.11	\$ 10.87	\$ 13.46	\$ 16.22
VENIPUNCTURE	36415	0	\$ 5.10	\$ 9.90	\$ 15.00	\$ 20.10	\$ 24.90	\$ 30.00
CRYO/CHEMICAL TREATMENT OF WARTS	17110	0	\$ 4.25	\$ 8.25	\$ 12.50	\$ 16.75	\$ 20.75	\$ 25.00
Nexplanon:			17%	33%	50%	67%	83%	
INSERTION ONLY WITH GRANT FUNDED DEVICE	11981	0	\$ 19.43	\$ 37.72	\$ 57.15	\$ 113.62	\$ 93.72	\$ 114.29
REMOVAL ONLY	11982	0	\$ 21.42	\$ 41.58	\$ 63.00	\$ 125.32	\$ 103.31	\$ 125.99
INSERTION AND REMOVAL AT THE SAME TIME	11983	0	\$ 27.38	\$ 53.15	\$ 80.53	\$ 160.39	\$ 132.07	\$ 161.06

* Some services require an office visit

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OTHER SERVICES

INTERFERON GAMMA RELEASE (TB TEST)	\$	60.00
FOREIGN TRAVEL COVID-19 TEST	\$	130.00
TB SKIN TEST/PPD	\$	20.00

LAB TEST \$30 ADMIN FEE PLUS COST OF TEST LISTED BELOW

ANTIBODY TITER (MEASLES, MUMPS, RUBELLA)**	\$	5.00	per test**
ANTIBODY TITER (RABIES)	\$	50.00	
ANTI-HBS (HEPATITIS B ANTIBODY)	\$	5.68	
HBS AG (HEPATITIS ANTIGEN)	\$	5.16	
HEP A TITER	\$	5.46	
HEP C TITER	\$	6.99	
HEPATITIS PROFILE	\$	-	
HSV SCREENING	\$	10.20	
LEAD TESTING	\$	10.00	
LYMEDISEASE/EHRlichiosis/RMSF/Q FEVER	\$	-	
VARICELLA ZOSTER TITER	\$	5.00	

ALL TITERS WILL TAKE 10-14 WORKING DAYS FOR RESULTS TO COME BACK

CHILDHOOD IMMUNIZATIONS (NON-FOREIGN TRAVEL)*

No charge for recommended immunizations of children through age 18. All children receiving foreign travel inoculations must be charged according to the fee schedule.

ADULT IMMUNIZATIONS (NON-FOREIGN TRAVEL)*

*PRICES SUBJECT TO CHARGE BASED ON CURRENT VACCINE COST

	CPT Code		
COVID-19	91301		\$185.46
HEP A	90632	\$	118.56
HEPLISAV - Hep B 2 dose	90739	\$	159.30
ENGERIX - HEP B	90746	\$	91.18
HEP A/B TWINRIX	90636	\$	164.99
HIB	90648	\$	45.86
HPV - GARDASIL-9	90651	\$	382.03
INFLUENZA	90658	\$	25.00
INFLUENZA NASAL (MIST)		\$	25.00
INFLUENZA - HIGH DOSE (age 65+)	90662	\$	64.72
INFLUENZA - FLUBLOK	90673	\$	64.72
INFLUENZA - FLUCELVAX	90661	\$	25.00
JYNNEOS	90611		\$311.14
MENINGITIS - MENQUADFI (MCV4)	90619	\$	216.93
MENINGOCOCCAL B - (BEXSERO)	90620	\$	276.60
MMR (MERCK)	90707	\$	139.16
MMR (GSK)	90707	\$	139.43
PREVNAR 13 - PCV13	90670	\$	287.26
PREVNAR 20 - PCV20	90670	\$	317.40
PNEUMOCOCCAL - PPSV23	90732	\$	163.95
RSV	90678	\$	354.01
TICOVAC	90626	\$	357.84
TD (TETANUS/DIPHTHERIA) ADULT	90714	\$	74.69

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ADULT IMMUNIZATIONS (NON-FOREIGN TRAVEL)* cont'd

*PRICES SUBJECT TO CHARGE BASED ON CURRENT VACCINE COST

	CPT Code			
TDAP (TETANUS/DIPHTHERIA/PERTUSSIS)	90715	\$	79.01	
VARICELLA VZV (CHICKENPOX)	90716	\$	239.46	
SHINGRIX (SHINGLES)	90750	\$	256.19	
RABAVERT (PRE & POST RABIES)	90675	\$	431.61	
IMMUNE GLOBULIN (GAMASTAN) per 1ml-2ml*		\$	58.20	*Does not include administration fee of \$45
IMMUNE GLOBULIN per (GAMASTAN) 1ml-10ml*		\$	53.96	*Does not include administration fee of \$45
HEP B IMMUNE GLOBULIN 1ml*		\$	140.34	*Does not include administration fee of \$45
HEP B IMMUNE GLOBULIN 5ml*		\$	653.51	*Does not include administration fee of \$45

FOREIGN TRAVEL IMMUIZATIONS (CHILD AND ADULT)

	CPT Code		
IPV (POLIO INJECTABLE)	90713	\$	80.61
Chikungunya (Ixchiq)	90589	\$	\$366.88
JAPANESE ENCEPHALITIS	90738	\$	382.31
TYPHOID (ORAL)	90690	\$	129.11
TYPHOID (INJECTABLE)	90691	\$	183.83
CHOLERA (VAXCHORA)	90725	\$	344.64
YELLOW FEVER	90717	\$	277.40

OTHER IMMUNIZATION SERVICES

FOREIGN TRAVEL CONSULT	\$50/PERSON / \$100 PER FAMILY (PARENTS WITH CHILDREN 18 & UNDER)
IMMUNIZATION BOOKLET REPLACEMENT (YELLOWBOOK)	\$25.00
ADMINISTRATION OF IMMUNE GLOBULIN	\$45.00
DH680 REPLACEMENT PER COPY	\$10.00
IMMUNIZATION RECORD TRANSFER FEE	\$10.00 PER RECORD
COLLEGE COMPLETION FORM (EXCEPT SANTA FE)	\$25.00