

**SUMMIT COUNTY HEALTH DISTRICT
NURSING DIVISION**

**CLINIC FEE SCHEDULE
EFFECTIVE FEBRUARY 1, 2010**

CPT CODE	SERVICE TYPE Service	FEE
	BUS DRIVER	
	Physical-New Patient Yearly	\$75.00
99385	Age 18-39	
99386	Age 40-64	
	Revisit-Yearly Physical	\$75.00
99396	Age 18-39	
99397	Age 40-64	
99211B	Recert/Revisit	\$50.00
99080	Drug Testing Processing Fee	\$15.00
	Laboratory tests*	
	CLINIC SERVICES	
2000F	Blood Pressure	\$ 15.00
92551	Hearing Screening	\$25.00
99173	Vision Screening	\$25.00
99070	Lice Comb	\$ 5.00
865801	Mantoux (TB Skin Test)	\$20.00
865802	Two step Mantoux (TB Skin Test)	\$35.00
	Professional services	\$50.00
	LABORATORY	
85018QW	Hemacue	\$15.00
86702	HIV-OraSure	\$25.00
81025	Pregnancy Test	\$10.00
36415	Specimen Collection Venous	\$10.00
36416	Specimen Collection Capillary	\$ 10.00
88150	Specimen Collection Vaginal	\$10.00
	Stool Specimen	\$10.00
81002	Urinalysis (Dip Stick Test/Micro)	\$ 15.00
82962	Glucose Blood Stick	\$10.00
	*Other laboratory tests charged according to current fee schedule from laboratory.	

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CPT CODE	SERVICE TYPE Service	FEE
	NURSE ONLY CODES	
99201	Initial Assessment	\$25.00
99211	Brief Assessment	\$20.00
99420	Travel Consultation Fee	\$60.00
99211T	Brief Travel Consultation Fee	\$35.00
	VACCINE*	
90471	Administration Per Vaccine	\$14.00
90472	Vaccine Administration Fee—2 or more	\$14.00 Each
G0008 Flu G0009 Pnemo G9141 H1N1	Medicare Administration Fee	\$18.00
90470	H1N1 Administration fee (non-Medicare)	\$14.00
90473	Administration Fee Intranasal or Oral	\$14.00
90632P	Hepatitis A Vaccine	\$31.00
90633P	Hepatitis A Vaccine (Pediatric)	\$21.00
90746P	Hepatitis B Vaccine	\$41.00
90636P	Hepatitis A/B Combined Vaccine	\$61.00
90658	Influenza Vaccine (includes administration)	\$30.00
90655	Influenza Vaccine-6-35 mos. (administration fee only)	\$14.00
90660	FluMist age 19 and older (includes administration)	\$40.00
90649P	Gardasil	\$171.00
90734P	Meningococcal Conjugate Menactra	\$136.00
90733P	Meningococcal Vaccine Polysaccharide	\$141.00
90707P	MMR Vaccine (Adult)	\$66.00
90732P	Pneumococcal Vaccine (Adult)	\$46.00
90713P	Polio (Adult)	\$36.00
	Prevnar (Pneumococcal 7) Vaccine	
90675P	Rabies Vaccine	\$256.00
90680	Rotarix	\$131.00
90680P	Rototeg	\$91.00
90714P	Td Vaccine Decavac (Adult)	\$26.00
90715P	Adacel (Tdap)	\$46.00
90715P	Boostrix (Tdap)	\$46.00
90691P	Typhoid	\$61.00
90716P	Varivax	\$111.00
90717P	Yellow Fever	\$106.00
90736P	Zostavax	\$201.00
* Vaccine Fees are based on 1.3 X cost per dose, rounded up to the nearest multiple of \$1.00 or \$6.00 and are adjusted based on cost. Individual fee		

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increases will be reported to the Board of Health on a quarterly basis (January, April, July, and November meetings)

CPT CODE	SERVICE TYPE Service	FEE
	PRENATAL	
99214 TH	New Patient Visit	\$75.00
99211 TH	Nurse Only Revisit	\$25.00
99213 TH	Established Patient Visit	\$60.00
99402	Counseling and education – 30 minutes	\$50.00
99404	Counseling and education – 60 minutes	\$85.00
H1000	Risk Assessment	\$25.00
H1002	Care Coordination	\$25.00
90384	Rhogam	\$140.00
H1001	Antepartum Management	\$25.00
S9470TH	Nutritional Intervention	\$30.00
J1055	Depo-Provera	\$95.00
H1003	Individual Prenatal At-Risk Education	\$25.00