



**SUMMIT COUNTY PUBLIC HEALTH  
CLINIC FEE SCHEDULE<sup>1,2,3</sup>**

SERVICE TYPE		FEE EFFECTIVE July 1, 2018
<b>CLINIC SERVICES</b>		
2000F	Blood Pressure	\$15.00
82551	Hearing Screening	\$25.00
99173	Vision Screening	\$25.00
865801	Mantoux (TB Skin Test)	\$20.00
865802	Two step Mantoux (TB Skin Test)	\$35.00
---	Non-Contractual Professional Consulting Services (hour)	\$50.00
---	Court Ordered STD Testing	\$95.00
---	Documentation HIV Testing	\$20.00
<b>OFFICE VISITS - PHYSICIAN / NURSE PRACTITIONER</b>		
99201	New Patient Office Visit brief - NP/CNS/PA	\$42.00
99201	New Patient Office Visit brief - MD/DO	\$50.00
99202	New Patient Office Visit limited (10 min) - NP/CNS/PA	\$72.00
99202	New Patient Office Visit limited (10 min) - MD/DO	\$85.00
99203	New Patient Office Visit medium (20 min) - NP/CNS/PA	\$105.00
99203	New Patient Office Visit medium (20 min) - MD/DO	\$125.00
99204	New Patient Office Visit moderate (30 min) - NP/CNS/PA	\$160.00
99204	New Patient Office Visit moderate (30 min) - MD/DO	\$190.00
99205	New Patient Office Visit comprehensive-high complexity (60 min) - NP/CNS/PA	\$205.00
99205	New Patient Office Visit comprehensive-high complexity (60 min) - MD/DO	\$240.00
99211	Established Patient Office Visit Brief (5 min) - NP/CNS/PA/RN	\$22.00
99211	Established Patient Office Visit Brief (5 min) - MD/DO	\$25.00
99212	Established Patient Office Visit limited (10 min) - NP/CNS/PA	\$42.00
99212	Established Patient Office Visit limited (10 min) - MD/DO	\$50.00
99213	Established Patient Office Visit medium (15 min) - NP/CNS/PA	\$70.00
99213	Established Patient Office Visit medium (15 min) - MD/DO	\$85.00
99214	Established Patient Office Visit moderate (25 min) - NP/CNS/PA	\$105.00
99214	Established Patient Office Visit moderate (25 min) - MD/DO	\$125.00
99215	Established Patient Office Visit high (40 min) - NP/CNS/PA	\$140.00
99215	Established Patient Office Visit high (40 min) - MD/DO	\$165.00
T1002	SUD Nursing Services Office (15 min) - RN	\$32.00
<b>MEDICATIONS</b>		
96372	Therapeutic, prophylactic, or diagnostic injection (SQ/IM)	\$21.00
J1200	Diphenhydramine	\$1.00
J2310	Injection, naloxone, 1mg	\$30.00
J2315	Injection, naltrexone (Vivitrol), 1 mg	\$5.00
J8499	Oral naltrexone	\$5.00
<b>REFUGEE HEALTH SERVICES</b>		
---	Refugee navigator service for new arrivals as per ODJFS contract	\$50.00
---	Examinations and testing as per ODJFS contract	\$796.00
I-693	Completion of immunization section of I-693 form	\$40.00
RI693	Replacement of I-693	\$25.00

<sup>1</sup>Contractual charges are based on fee schedule in effect at the time contract was signed.

<sup>2</sup>Summit County Public Health reserves the right to reduce or waive fees based on sliding fee scale (ability to pay) parameters and/or

<sup>3</sup>Sexually Transmitted Disease (STD) Testing and Treatment are provided free of charge to patients under the age of 18.



**SUMMIT COUNTY PUBLIC HEALTH  
IMMUNIZATION FEE SCHEDULE<sup>1,2,5</sup>**

SERVICE TYPE		FEE EFFECTIVE July 1, 2018
VACCINE		
Vaccines marked with the <sup>VFC</sup> symbol are available to VFC eligible children at no cost. See VFC Eligibility Criteria below <sup>3</sup> .		
90471 90472 90473 90474 G0008 G0009	Vaccine Administration Fee (per vaccine)	\$21.00
90748	Comvax Vaccine - HIB/Hep B (Pediatric) <sup>VFC</sup>	\$39.00
90649	Gardasil <sup>VFC</sup>	\$199.00
90651	Gardasil 9	\$269.00
90632	Hepatitis A Vaccine (Adult)	\$54.00
90633	Hepatitis A Vaccine (Pediatric) <sup>VFC</sup>	\$64.00
90746	Hepatitis B Vaccine (Adult)	\$79.00
90744	Hepatitis B Vaccine (Pediatric) <sup>VFC</sup>	\$24.00
90636	Hepatitis A/B Combined Vaccine	\$104.00
90647 90648	HIB Vaccine <sup>VFC</sup>	\$29.00
90672 90686 90687	Quadrivalent Influenza Vaccine (includes vaccine administration fee) <sup>4 VFC</sup>	\$45.00
90734	Meningococcal Conjugate Menactra <sup>VFC</sup>	\$139.00
90733	Meningococcal Polysaccharide Menomune <sup>VFC</sup>	\$184.00
90620 90621	Meningococcal Group B	\$204.00
90707	MMR Vaccine <sup>VFC</sup>	\$94.00
90732	Pneumococcal Vaccine (Adult)	\$124.00
90713	Polio <sup>VFC</sup>	\$29.00
90675	Rabies Vaccine	\$369.00
90680	Rotarix <sup>VFC</sup>	\$144.00
90680	Rotateq <sup>VFC</sup>	\$94.00
90714	Td - Decavac or Tenivac <sup>VFC</sup>	\$44.00
90715	Tdap-Adacel or Boostrix <sup>VFC</sup>	\$49.00
90716	Varicella (Chicken Pox) <sup>VFC</sup>	\$159.00
90736	Zostavax	\$279.00
90698	Pentacel (Dtap & Polio) (Pediatric) <sup>VFC</sup>	\$89.00
90699 90670	Prevnar (Pediatric) <sup>VFC</sup>	\$239.00
90700	Daptacel (Dtap) (Pediatric) <sup>VFC</sup>	\$34.00
90696	Kinrix (Dtap & Polio ages 4 -6 yrs) (Pediatric) <sup>VFC</sup>	\$64.00
90723	Pediarix (Dtap, Polio, Hep B) (Pediatric) <sup>VFC</sup>	\$89.00
---	Vaccination Site Fee (for off-site clinics)	\$50.00
---	Yellow travel book replacement and documentation	\$10.00

<sup>1</sup>Contractual charges are based on fee schedule in effect at the time contract was signed.

<sup>2</sup>Summit County Public Health reserves the right to reduce or waive fees based on sliding fee scale (ability to pay) parameters and/or

<sup>3</sup>VFC (Vaccines for Children Program) Eligibility Criteria- Children through 18 years of age who meet at least one of the following

- Medicaid eligible: A child who is eligible for the Medicaid program.
- Uninsured: A child who has no health insurance coverage.
- American Indian or Alaskan Native

• Underinsured: A child who has commercial (private) health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.

<sup>4</sup>Influenza vaccine fees are waived for Board of Health members and Township Association members.

<sup>5</sup>Fees may be waived in response to a communicable disease outbreak.



**SUMMIT COUNTY PUBLIC HEALTH  
LABORATORY FEE SCHEDULE<sup>1,2,3,4,5</sup>**

SERVICE TYPE		FEE EFFECTIVE July 1, 2018
<b>LABORATORY SERVICES</b>		
36415	Specimen Collection Venous	\$10.00
36416	Specimen Collection Capillary	\$10.00
83655	Lead test	\$20.00
82962	Glucose Blood Stick	\$10.00
81025	Pregnancy Test	\$10.00
87210	Wet Mount	\$7.00
81002	Urine Dipstick	\$4.00
87905	Bacterial Vaginosis Test	\$25.00
86780	Syphilis	\$25.00
87808	Trichomonas	\$25.00
82947	Glucose Serum	\$6.00
86803	Hepatitis C	\$30.00
86703 87390	HIV	\$25.00
85018	Hemoglobin	\$4.00
87661	Trichomonas, amplified probe technique (Urine or Swab)	\$50.00

<sup>1</sup>Contractual charges are based on fee schedule in effect at the time contract was signed.

<sup>2</sup>Other laboratory tests (send outs) are charged according to current fee schedule from laboratory performing the tests.

<sup>3</sup>Summit County Public Health reserves the right to reduce or waive fees based on sliding fee scale (ability to pay) parameters and/or

<sup>4</sup>Sexually Transmitted Disease (STD) Testing and Treatment are provided free of charge to patients under the age of 18.

<sup>5</sup>Laboratory tests are only performed on patients receiving other health district services.