

Huron County Health Department Fee Schedule

SECTION: 1 (Part 1)	SUBJECT: Immunization Program
PURPOSE: To establish fees to be charged for services rendered.	
EFFECTIVE DATE: 10/01/10	LAST REVIEW: 09/27/10
DATE ESTABLISHED: 5/1/02	LAST REVISION DATE: 09/27/10
INITIAL BOH ADOPTED DATE: 5/15/02	BOH ADOPTED DATE: 10/20/10
INITIAL BOC ADOPTED DATE: 5/14/02	BOC ADOPTED DATE: 10/26//10
Service	Fee
Dtap, Tdap, TD or DT - Children, Students & Adults	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Injectable Polio Vaccine - Children, Students, Susceptible Adults and Adults for Foreign Travel	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Measles/Mumps/Rubella and MMRV - Children, Students, Required College Booster, Adults for Foreign Travel and Susceptible Adults	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Varicella	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Rotavirus	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Human Papillomavirus	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Zoster	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Influenza - Injectable	\$25
Flu Mist	\$30
High Dose Flu	\$40
Pneumococcal	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Tuberculin Tests - Children and Requirement of Volunteer, Paid or Unpaid position	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
HIB Vaccine - Children	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Hepatitis A Vaccine	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Hepatitis B Vaccine - Children through 18 years	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

Huron County Health Department Fee Schedule

SECTION: 1 (Part 2)	SUBJECT: Immunization Program
PURPOSE: To establish fees to be charged for services rendered.	
EFFECTIVE DATE: 01/01/10	LAST REVIEW: 12/17/09
DATE ESTABLISHED: 5/1/02	LAST REVISION DATE: 12/17/09
INITIAL BOH ADOPTED DATE: 5/15/02	BOH ADOPTED DATE: 01/20/10
INITIAL BOC ADOPTED DATE: 5/14/02	BOC ADOPTED DATE: 12/29/09
Service	Fee
Hepatitis B Vaccine – age 19 years and older	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Varicella	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
RIG (Rabies Immune Globulin)	\$12 Administration Fee + Vaccine Costs (actual cost + 10%)
Rabies	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by MDCH)
Rabies - Titer	\$12 + lab fees
Meningococcal Vaccine	\$12 Administration Fee + Vaccine Costs (actual cost + 10%) (unless covered by VFC/VRP)
Official Immunization Record – initial with immunizations	No Charge
Official Immunization Record - copy	\$5.00
Tuberculin Results - Initial	No Charge
Tuberculin Results - Copy	\$5.00

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Huron County Health Department Fee Schedule

SECTION: 2	SUBJECT: EPSDT Program
PURPOSE: To establish fees to be charged for services rendered.	
EFFECTIVE DATE: 01/01/12	LAST REVIEW: 12/20/11
DATE ESTABLISHED: 5/1/02	LAST REVISION DATE: 12/20/11
INITIAL BOH ADOPTED DATE: 5/15/02	BOH ADOPTED DATE: 12/21/11
INITIAL BOC ADOPTED DATE: 5/14/02	BOC ADOPTED DATE: 12/28/11
Service	Fee
Immunizations	See Immunization Fee Schedule
Vision	\$16 – Charged only if Assessment is not done.
Hearing (Audio/Objective)	\$20
Hemoglobin	\$5
Tuberculin Tests – Children	\$12 administration fee + antigen fee
Venipuncture	\$12

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Huron County Health Department Fee Schedule

SECTION: 3 (Part 1)	SUBJECT: Family Planning
PURPOSE: To establish fees to be charged for services rendered.	
EFFECTIVE DATE: 01/01/10	LAST REVIEW: 12/17/09
DATE ESTABLISHED: 5/1/02	LAST REVISION DATE: 12/17/09
INITIAL BOH ADOPTED DATE: 5/15/02	BOH ADOPTED DATE: 01/20/10
INITIAL BOC ADOPTED DATE: 5/14/02	BOC ADOPTED DATE: 12/29/09
Service	Fee
Initial Exam (ages 5 - 11)	\$115
Initial Exam (ages 12 -17)	\$120
Initial Exam (ages 18 - 39)	\$120
Initial Exam (ages 40 - 64)	\$140
Established Exam (ages 5 - 11)	\$80
Established Exam (ages 12 - 17)	\$90
Established Exam (ages 18 - 39)	\$90
Established Exam (ages 40 - 64)	\$95
Initial Office Visit - Problem Focused	\$35
Initial Office Visit - Expanded Problem Focused	\$60
Initial Office Visit - Detailed	\$85
Initial Office Visit - Comprehensive Moderate Complexity	\$120
Initial Office Visit - Comprehensive High Complexity	\$160
Established Office Visit - RN	\$20
Established Office Visit - MLP - Problem Focused	\$35
Established Office Visit - MLP - Expanded Problem Focused	\$45
Established Office Visit - MLP - Problem Focused and Detailed	\$50
Pregnancy Test	\$15
Counseling	\$20

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Huron County Health Department Fee Schedule

SECTION: 3 (Part 2)		SUBJECT: Family Planning	
PURPOSE: To establish fees to be charged for services rendered.			
EFFECTIVE DATE: 01/01/10		LAST REVIEW: 01/08/10	
DATE ESTABLISHED: 5/1/02		LAST REVISION DATE: 01/08/10	
INITIAL BOH ADOPTED DATE: 5/15/02		BOH ADOPTED DATE: 01/20/10	
INITIAL BOC ADOPTED DATE: 5/14/02		BOC ADOPTED DATE: 01/26/10	
Service		Fee	
Urinalysis		\$10	
Wet Mount		\$15	
GC - Probetec		Actual cost of test, unless free from MDCH	
Chlamydia - Probetec		Actual cost of test, unless free from MDCH	
VDRL		Actual cost of test, unless free from MDCH	
Viral Culture		Actual cost of test, unless free from MDCH	
Terazol*		\$17*	
Flagyl 14 Tabs		Actual cost of drug, unless free from MDCH	
Flagyl 4 Tabs		Actual cost of drug, unless free from MDCH	
Doxycycline		Actual cost of drug, unless free from MDCH	
Floxin		Actual cost of drug, unless free from MDCH	
Zithromax Suspension 1 gm.		Actual cost of drug, unless free from MDCH	
Rocephin		Actual cost of drug, unless free from MDCH	
Erythromycin		Actual cost of drug, unless free from MDCH	
Depo Provera*		\$45*	

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

** Any drug purchased through 340B Drug Program can only be charged at actual purchase price.*

Huron County Health Department Fee Schedule

SECTION: 3 (Part 3)		SUBJECT: Family Planning	
PURPOSE: To establish fees to be charged for services rendered.			
EFFECTIVE DATE: 01/01/09		LAST REVIEW: 12/17/09	
DATE ESTABLISHED: 5/1/02		LAST REVISION DATE: 01/16/08	
INITIAL BOH ADOPTED DATE: 5/15/02		BOH ADOPTED DATE: 01/21/08	
INITIAL BOC ADOPTED DATE: 5/14/02		BOC ADOPTED DATE: 01/27/08	
Diaphragm*		\$15*	
Male Condom		\$3.60/dozen	
Female Condom		\$1 each	
Foam*		\$10*	
Diflucan*		\$15*	
Ortho Novum 777*		\$18/pack*	
Ortho Novum 1/35*		\$18/pack*	
Ortho-cyclen*		\$18/pack*	
Micronor*		\$18/pack*	
Nordette*		\$18/pack*	
Tri Cyclen*		\$18/pack*	
Tri Cyclen Lo*		\$18/pack*	
Lo Ovral*		\$18/pack*	
Plan B*		\$18/pack*	
IUD*		\$150*	
IUD Insertion		\$120	
IUD Removal		\$150	
Orthoevra Patch*		\$25*	
Nuva Ring*		\$40*	
Injection		\$15	

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** Any drug purchased through 340B Drug Program can only be charged at actual purchase price.*

Huron County Health Department Fee Schedule

SECTION: 4	SUBJECT: Maternal Infant Support Program
PURPOSE: To establish fees to be charged for services rendered.	
EFFECTIVE DATE: 01/01/12	LAST REVIEW: 12/20/11
DATE ESTABLISHED: 5/1/02	LAST REVISION DATE: 12/20/11
INITIAL BOH ADOPTED DATE: 5/15/02	BOH ADOPTED DATE: 12/21/11
INITIAL BOC ADOPTED DATE: 5/14/02	BOC ADOPTED DATE: 12/28/11
Service	Fee
MSS Office Enrollment (H1000)	\$85
MSS Home Enrollment (H2000)	\$105
MSS Home Visit (99402)	\$95
MSS Office Visit (99402)	\$70
ISS Home Enrollment (H2000)	\$105
ISS Home Visit (99402)	\$95
ISS Office Visit (99402)	\$70
ISS Visit Drug Exposed Infant (96154)	\$95
Childbirth Education (S9442)	\$35

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

Huron County Health Department

Fee Schedule

SECTION: 5	SUBJECT: Miscellaneous Fees
PURPOSE: To establish fees to be charged for services rendered.	
EFFECTIVE DATE: 01/01/12	LAST REVIEW: 12/20/11
DATE ESTABLISHED: 5/1/02	LAST REVISION DATE: 12/20/11
INITIAL BOH ADOPTED DATE: 5/15/02	BOH ADOPTED DATE: 12/21/11
INITIAL BOC ADOPTED DATE: 5/14/02	BOC ADOPTED DATE: 12/28/11
Service	Fee
Breast and Cervical Cancer Control Program (BCCCP); FP/BCCCP and WISEWOMAN Program	Fees established by the State
Lead	\$25 for all others including non-Medicaid Head Start
Immune Status Titers - Hepatitis B Anitbody	\$12 + lab fees for post-vaccine blood draws for immunity
Immune Status Titer FB 146 - Medical/Nursing Student - Measles, Mumps, Rubella Anti-HBs Varicella, Zoster	\$36
Immune Status Titer FB 147 - Healthcare Worker Measles, Rubella, Varicella, Zoster	\$30
Lead Nursing Home Visit - First Visit	\$75
Lead Nursing Home Visit - Second Visit	\$65
Lead Environmental Health Home Visit - First Visit	\$200
Lead Environmental Health Home Visit - Second Visit	\$150
Court Ordered Testing	\$141
Disinterment/Reinterment Permit	\$15
Public Health Home Visit	\$75
Public Health Nurse/Health Educator Presentation	\$75 (minimum 1 hour charged)
Copying Fee	\$0.50 for the first copy page; \$0.25 for each subsequent copy page
Returned Check Fee	\$25 + amount of check if paid within 7 days \$25 + amount of check + \$35 if paid within 30 days

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

Huron County Health Department

Fee Schedule

SECTION: 7	SUBJECT: Sexually Transmitted Infections Fees
PURPOSE: To establish fees to be charged for services rendered.	
EFFECTIVE DATE: 01/01/12	LAST REVIEW: 12/20/11
DATE ESTABLISHED: 02/24/04	LAST REVISION DATE: 12/20/11
INITIAL BOH ADOPTED DATE: 02/18/04	BOH ADOPTED DATE: 12/21/11
INITIAL BOC ADOPTED DATE: 02/18/04	BOC ADOPTED DATE: 12/28/11
Service	Fee
New Client – Office Visit – Problem Focused	\$35.00
New Client – Office Visit – Expanded Problem	\$60.00
Established Client – Office Visit – Nursing Intervention	\$20.00
Established Client – Office Visit – Problem Focused	\$35.00
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 – Flagyl – 14 tabs	Actual cost of drug, unless free from MDCH
Medications – Flagyl – 4 tabs	Actual cost of drug, unless free from MDCH
Medications – Doxycycline	Actual cost of drug, unless free from MDCH
Medications – Zithromax	Actual cost of drug, unless free from MDCH
Medications – Rocephin	Actual cost of drug, unless free from MDCH
Medications – Erythromycin	Actual cost of drug, unless free from MDCH
Medications – Bi-cillin LA	Actual cost of drug, unless free from MDCH
Medications – Vantin	Actual cost of drug, unless free from MDCH
Contraceptives – Condom	\$0.30
Contraceptives – Female Condom	\$1.00

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