

# Huron County Health Department

## Fee Schedule

<b>SECTION:</b> 1 (Part 1)	<b>SUBJECT:</b> Immunization Program
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 3/01/2016	<b>LAST REVIEW:</b> 2/20/2016
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 2/20/2016
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 3/16/2016
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 3/22/2016
<b>Service</b>	<b>Fee</b>
Dtap, Tdap, TD or DT - Children, Students & Adults	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Injectable Polio Vaccine - Children, Students, Susceptible Adults and Adults for Foreign Travel	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Measles/Mumps/Rubella and MMRV - Children, Students, Required College Booster, Adults for Foreign Travel and Susceptible Adults	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Varicella	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Rotavirus	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Human Papillomavirus	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Zoster	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Influenza – Injectable TIV	\$20 Administration Fee + Vaccine Costs (actual costs + 20%) (unless covered by VFC/VRP)
Influenza – Injectable QIV	\$20 Administration Fee + Vaccine Costs (actual costs + 20%) (unless covered by VFC/VRP)
Flu Mist	\$20 Administration Fee + Vaccine Costs (actual costs + 20%) (unless covered by VFC/VRP)
High Dose Flu	\$20 Administration Fee+ Vaccine Costs (actual costs + 20%) (unless covered by VFC/VRP)
Pneumococcal	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Tuberculin Tests - Children and Requirement of Volunteer, Paid or Unpaid position	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
HIB Vaccine - Children	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Hepatitis A Vaccine	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Hepatitis B Vaccine - Children through 18 years	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (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

<b>SECTION:</b> 1 (Part 2)	<b>SUBJECT:</b> Immunization Program
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 3/01/2016	<b>LAST REVIEW:</b> 02/20/2016
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 02/20/2016
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 03/16/2016
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 03/22/2016
<b>Service</b>	<b>Fee</b>
Hepatitis B Vaccine – age 19 years and older	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Varicella	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
RIG (Rabies Immune Globulin)	\$20 Administration Fee + Vaccine Costs (actual cost + 20%)
Rabies	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by MDCH)
Rabies - Titer	\$12 + lab fees
Meningococcal Vaccine	\$20 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Official Immunization Record – initial with immunizations	No Charge
Official Immunization Record - copy	No Charge
Tuberculin Results - Initial	No Charge
Tuberculin Results - Copy	No Charge

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# Huron County Health Department Fee Schedule

<b>SECTION: 2</b>	<b>SUBJECT: EPSDT Program</b>
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 01/01/12	<b>LAST REVIEW:</b> 12/20/11
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 12/20/11
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 12/21/11
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 12/28/11
<b>Service</b>	<b>Fee</b>
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

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

## PROPOSED Fee Schedule

<b>SECTION:</b> 3 (Part 1)		<b>SUBJECT:</b> Family Planning	
<b>PURPOSE:</b> To establish fees to be charged for services rendered.			
<b>EFFECTIVE DATE:</b> 1/01/2017		<b>LAST REVIEW:</b> 11/04/2016	
<b>DATE ESTABLISHED:</b> 5/1/02		<b>LAST REVISION DATE:</b> 11/04/2016	
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02		<b>BOH ADOPTED DATE:</b> 12/14/2016	
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02		<b>BOC ADOPTED DATE:</b> 12/29/2016	
<b>Service</b>		<b>Fee</b>	
Initial Exam (ages 12 -17)		\$206	
Initial Exam (ages 18 – 39)		\$206	
Initial Exam (ages 40 – 64)		\$206	
Established Exam (ages 12 – 17)		\$170	
Established Exam (ages 18 – 39)		\$154	
Established Exam (ages 40 – 64)		\$154	
Initial Office Visit – Problem Focused		\$139	
Initial Office Visit – Expanded Problem Focused		\$153	
Established Office Visit – RN		\$72	
Established Office Visit – MLP – Problem Focused		\$139	
Established Office Visit – MLP – Expanded Problem Focused		\$155	
Pregnancy Test		\$15	
Counseling		\$20	
Urinalysis		\$10	
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	
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	

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

<b>SECTION:</b> 3 (Part 2)		<b>SUBJECT:</b> Family Planning	
<b>PURPOSE:</b> To establish fees to be charged for services rendered.			
<b>EFFECTIVE DATE:</b> 01/01/14		<b>LAST REVIEW:</b> 11/04/2016	
<b>DATE ESTABLISHED:</b> 5/1/02		<b>LAST REVISION DATE:</b> 3/20/13	
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02		<b>BOH ADOPTED DATE:</b> 12/18/13	
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02		<b>BOC ADOPTED DATE:</b> 12/30/2013	
<b>Service</b>		<b>Fee</b>	
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*	
Diaphragm*		\$15*	
Male Condom		\$3.60/dozen <i>(Unless we get for free then there is no charge)</i>	
Female Condom		\$1 each	
Foam*		\$10*	
Oral Contraceptives		\$20/pack*	
Plan B*		\$15/pack*	
IUD*		Actual cost of device	
IUD Insertion		Based on Contractual Agreement	
IUD Removal		Based on Contractual Agreement	
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

<b>SECTION:</b> 4	<b>SUBJECT:</b> Breast and Cervical Cancer Control Program
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 03/19/2014	<b>LAST REVIEW:</b>
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b>
<b>INITIAL BOH ADOPTED DATE:</b> 03/19/2014	<b>BOH ADOPTED DATE:</b> 03/19/2014
<b>INITIAL BOC ADOPTED DATE:</b> 03/25/2014	<b>BOC ADOPTED DATE:</b> 03/27/2014
<b>Service</b>	<b>Fee</b>
Initial Exam	\$236
Established Exam (ages 40-64)	\$178

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

<b>SECTION: 5</b>	<b>SUBJECT: Maternal Infant Support Program</b>
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 01/01/12	<b>LAST REVIEW:</b> 12/20/11
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 12/20/11
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 12/21/11
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 12/28/11
<b>Service</b>	<b>Fee</b>
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

<b>SECTION: 6</b>	<b>SUBJECT: Miscellaneous Fees</b>
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 04/15/2015	<b>LAST REVIEW:</b> 04/13/2015
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 04/13/2015
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 04/15/2015
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 04/28/2015
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	\$25 + lab fees
Immune Status Titer FB 146 – Medical/Nursing Student – Antibody Testing – 5 panel	\$25 + lab fees
Immune Status Titer FB 147 – Healthcare Worker Immune Status testing – 3 panel	\$25 + lab fees
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/Re-interment Permit	\$15
Public Health Home Visit	\$75
Public Health Nurse/Health Educator Presentation	\$75 (minimum 1 hour charged)
Copying Fee	\$.10 per 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

<b>SECTION: 8</b>	<b>SUBJECT: Sexually Transmitted Infections Fees</b>
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 01/01/12	<b>LAST REVIEW:</b> 12/20/11
<b>DATE ESTABLISHED:</b> 02/24/04	<b>LAST REVISION DATE:</b> 12/20/11
<b>INITIAL BOH ADOPTED DATE:</b> 02/18/04	<b>BOH ADOPTED DATE:</b> 12/21/11
<b>INITIAL BOC ADOPTED DATE:</b> 02/18/04	<b>BOC ADOPTED DATE:</b> 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	\$3.60/dozen (Unless we get for free then there is no charge)
Contraceptives – Female Condom	\$1.00

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.