

# Community Health Services Fees

Service/Item	Description	Fee Basis	Fee
<b>State supplied vaccines:</b>	Vaccine supplied thru the Texas Vaccine for Children Program or Adult Safety Net Program at no charge - Must meet eligibility criteria	The 2009 TVFC Operations Manual, Section IV	1 shot=\$10 2 to 4 shots= \$20 5 or more shots= \$30
<b>DT</b> <i>Diphtheria</i> <i>Tetanus</i>	For children 6 weeks to 6 years, who have a contraindication to the pertussis vaccine	“	“
<b>DTaP</b> <i>Diphtheria</i> <i>Tetanus</i> <i>Pertussis</i>	For children 6 weeks to 6 years of age	“	“
<b>Kinrix</b> <i>DTaP/IPV</i>	For children 4-6 years of age	“	“
<b>Td</b> <i>Tetanus</i> <i>Diphtheria</i>	For clients 7 years and older	“	“
<b>Tdap</b> <i>Tetanus</i> <i>Diphtheria</i> <i>Pertussis</i>	For clients 10-64 years or 11-64 years depending on the brand	“	“
<b>Hib</b> <i>Haemophilus</i> <i>influenza type b</i>	For children 6 weeks to 4 years of age	“	“
<b>Hiberix</b> <i>Haemophilus</i> <i>influenza type b</i>	For children 15 month to 4 years of age	“	“
<b>HBV Pedi</b> <i>Hepatitis B</i>	For clients 0-19 years of age	“	“

<b>Service/Item</b>	<b>Description</b>	<b>Fee Basis</b>	<b>Fee</b>
<b>HAV Pedi</b> <i>Hepatitis A</i>	For clients 12 months to 18 years	“	“
<b>HAV Adult</b> <i>Hepatitis A</i>	For clients 19 years and older	“	“
<b>HBV Adult</b> <i>Hepatitis B</i>	For clients 20 years and older	“	“
<b>Twinrix</b> <i>Hepatitis B/ Hepatitis A</i>	For clients 18 years of age and older	“	“
<b>IPV</b> <i>Inactivated Polio</i>	For clients 6 week of age and older	“	“
<b>MMR</b> <i>Measles,Mumps Rubella</i>	For clients 12 months of age and older	“	“
<b>VAR</b> <i>Varicella</i>	For clients 12 months of age and older	“	“
<b>MMRV</b> <i>Measles,Mumps Rubella Varicella</i>	For clients 12 months to 12 years of age	“	“
<b>Rotateq</b> <i>Rotovirus</i>	For infants 6 to 32 weeks of age	“	“
<b>MCV4</b> <b>(Menactra)</b> <i>Meningococcal Conjugate</i>	For clients 11-55 years of age	“	“

<b>Service/Item</b>	<b>Description</b>	<b>Fee Basis</b>	<b>Fee</b>
<b>PCV13</b> <b>(Pevnar)</b> <i>Pneumococcal Conjugate</i>	For children 6 weeks to 4 years of age	“	“
<b>HPV</b> <i>Human Papillomavirus</i>	For females 9 to 26years of age	“	“
<b>Comvax</b> <i>Hepatitis B Haemophilus influenza type b</i>	For clients 6 weeks to 6 years, born in 2004 or after	“	“
<b>Pediarix</b> <i>Inactivated polio Hepatitis B Diphtheria Tetanus Pertussis</i>	For clients 6 weeks to 6 years, born in 2004 or after	“	“
<b>Pentacel</b> <i>Inactivated polio Diphtheria Tetanus Pertussis Haemophilus influenza type b</i>	For clients 6 weeks to 6 years.	“	“
<b>Zoster</b>	For clients 60 years and up	“	“
<b>Flu</b> <i>Influenza</i>	For children 6 months to 18 years of age	“	“

<b>Service/Item</b>	<b>Description</b>	<b>Fee Basis</b>	<b>Fee</b>
<b>PPD (TB test)</b> <i>Tuberculosis</i>	For clients 6 months and older to screen for tuberculosis	Mimics the administration fee for state supplied vaccines.	“
<b>Privately Purchased vaccines:</b>	For clients who do not fit the criteria for state supplied vaccine and can pay the board approved fee.	Cost of vaccine and administration	
<b>HBV Adult</b> <i>Hepatitis B</i>	For clients 20 years and older that do not fit the TVFC criteria for state supplied vaccine	“	\$75
<b>HAV Adult</b> <i>Hepatitis A</i>	For clients 19 years and older that do not fit the TVFC criteria for state supplied vaccine	“	\$84
<b>PPD (TB test)</b> <i>Tuberculosis</i>	For clients 6 months and older that do not fit the criteria for state supplied PPD	“	\$10
<b>Flu</b> <i>Influenza</i>	For clients 6 months and older that do not fit the TVFC criteria for state supplied vaccine	“	\$20
<b>Adult Pneumonia</b>	For clients 2 years and older	“	\$30
<b>Rabies Vaccine Pre-exposure</b>	For clients at high risk of contracting rabies according to CDC guidelines (animal handlers, veterinarians, at risk lab workers)	“	\$200
<b>Service/Item</b>	<b>Description</b>	<b>Fee Basis</b>	<b>Fee</b>

<b>*Rabies Vaccine Post-exposure</b>	For clients after a rabies exposure, series of 4 vaccine doses, if client brings his own vaccine	Mimics the administration fee for state supplied vaccines.	1 shot=\$10 2 to 4 shots= \$20 5 or more shots= \$30
<b>*Rabies Immune Globulin</b>	For clients after a rabies exposure to provide immediate, temporary immunity, when client brings his own IG	Mimics the administration fee for state supplied vaccines.	1 shot=\$10 2 to 4 shots= \$20 5 or more shots= \$30
<b>Copy of Shot Record</b>	When no shots are given and client is asking for a copy of the shot record.	Cost for hard copy of a shot record.	\$5
<b>Rapid HIV Testing</b>	To meet the public demand for convenient HIV testing at an affordable cost to clients	Cost of HIV Test Kit, plus Administrative Fee	\$30

**\*If DSHS does not have rabies biologicals, post-exposure vaccine and immunoglobulin will be available at market price at the time of need.**

**\*\* When necessary, new fees will be established by the CEO (or designee) to cover GCHD costs for purchased vaccine or biologicals in unplanned circumstances warranting the protection of public health from the spread of a communicable disease.**

**July 2010**