

**UCI Student Health Center
Vaccines**

CPT Code	Vaccine (Brand Name)	Fee	Number of Series
*90620	Meningococcal Group B (Bexsero)	\$ 325.00	2
*90625	Cholera (Vaxchora)	\$ 225.00	
*90632	Hepatitis A (Havrix)	\$ 118.00	2
*90636	Hepatitis A & B (Twinrix)	\$ 97.00	3
*90651	HPV-9 (Gardasil)	\$ 333.00	3
*90670	Pneumococcal (Pevnar 13)	\$ 169.00	
90686	Influenza	\$ 40.00	
*90707	MMR	\$ 147.00	2
*90713	Poliomyelitis (IPV)	\$ 63.00	
*90714	Tetanus Diptheria	\$ 49.00	
*90715	TDAP (Boostrix)	\$ 82.00	
*90716	Varicella	\$ 231.00	2
*90732	Pneumococcal Polysaccharide (PPSV 23)	\$ 228.00	
*90734	Meningococcal ACYW (Menveo)	\$ 218.00	
*90738	Japanese Encephalitis (Ixiaro)	\$ 373.00	
*90746	Hepatitis B (Energix 3-dose vaccine)	\$ 120.00	3
*90739	Hepatitis B (Hepsilav 2-dose vaccine)	\$ 116.00	2
Based on vaccine	COVID-19 (Dose 1 & 2)	TBD	2
Based on vaccine	COVID Booster (Dose 3)	TBD	1

*90471	Administration Fee - 1st	\$ 42.00
*90472	Administration Fee - each additional	\$ 24.00

***Note: Administration fee charged per vaccine (except influenza). If multiple vaccines administered on any given day, additional administration fee also applies.**

Exception: Influenza is not subject to an administration fee.

Fees shown above are effective on the first day of the Fall quarter (9-25-2023).

Note Regarding Insurance Coverage for Vaccines and Titters:

Students with UC SHIP: Preventive immunizations are 100% covered if services are provided at SHC or an Anthem in-network provider. Please view the UC SHIP benefit booklet for additional information. Note: The Covid vaccines will have a coinsurance applied.

Students w/ Insurance Other Than UC SHIP ("Fee-for-Service"): Above fees apply and will be charged to the student's ZOT account. Non-UC SHIP students may obtain an itemized statement of charges and then submit to their insurance carrier for reimbursement.

UCI Student Health Center

Titers/Chest X-Rays

CPT Code	Titer	Fee
*86317	Hep B Surface Antibody, Quantitative	\$ 16.00
*86480	Quantiferon-TB Gold Plus	\$ 66.00
*86480	TB T-Spot	\$ 78.00
86580	Skin Test, Tuberculosis (TB), Intradermal PPD	\$ 22.00
*86706	Hep B Surface Antibody, Qualitative	\$ 5.00
*86735	Mumps Antibody, IgM	\$ 40.00
*86762	Rubella IgG Ab	\$ 17.00
*86765	Measles IgG Ab (Rubeola)	\$ 19.00
*86787	Varicella Zoster Virus IgM Antibody	\$ 33.00

*99000	Lab Handling Fee To Be Added To Price	\$ 31.00
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***Note:** Lab Handling fee assessed only once per day (regardless of total number of titers per day).

Exception: Skin Test, Tuberculosis (TB) is not subject to a lab handling fee

CPT Code	Chest X-Ray	Fee
71045	X-Ray Chest Frontal Single View	\$ 63.00
71046	X-Ray Chest 2 views	\$ 85.00

Fees shown above are effective on the first day of the Fall quarter (9-25-2023).

Note Regarding Insurance Coverage for Vaccines and Titers:

Students with UC SHIP:

Preventive immunizations are 100% covered if services are provided at SHC or an Anthem in-network provider.

Please view the UC SHIP benefit booklet for additional information. Note: The Covid vaccines will have a coinsurance applied.

Students w/ Insurance Other Than UC SHIP ("Fee-for-Service"):

Above fees apply and will be charged to the student's ZOT account. Non-UC SHIP students may obtain an itemized statement of charges and then submit to their insurance carrier for reimbursement.