

**INDIANA REFUGEE HEALTH PROGRAM
MEDICAL EXAMINATION OF NEWLY ARRIVING REFUGEES
ACTIVITIES AND REIMBURSEMENT FEE SCHEDULE**

Screening Activity & CPT Code	CPT/HCPCS Descriptors	2025-2026 Payment	Source
History and Physical Exam			
99201	Office or other outpatient visit for evaluation and management of a new patient, which requires these 3 components: 1) a problem focused history, 2) a problem focused examination, 3) Straightforward medical decision making.	\$0.00	Indiana Medicaid
99202	Office or other outpatient visit for evaluation and management of a new patient, which requires these 3 components: 1) an expanded problem focused history, 2) an expanded problem focused examination, 3) straightforward medical decision making.	\$66.74	Indiana Medicaid
99203	Office visit or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: 1) a detailed history, 2) a detailed examination, 3) a medical decision making with low complexity.	\$102.93	Indiana Medicaid
99204	Office or other outpatient visit for the evaluation and management of a new patient which requires these 3 key components: 1) a comprehensive history, 2) a comprehensive examination, 3) a medical decision making of moderate complexity.	\$154.76	Indiana Medicaid
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: 1) a comprehensive history, 2) a comprehensive examination, 3) a medical decision making of high complexity.	\$204.08	Indiana Medicaid
Nurse Visit [if no doctor visit, only nurse visit]			
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	\$21.45	Indiana Medicaid
Doctor Visit #2 [if doctor sees the patient again - e.g., doctor sees patient for initial screening visit and for follow-up]			
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 or 3 of these 3 key components: 1) a problem focused history, 2) a problem focused examination, 3) straightforward medical decision making.	\$52.25	Indiana Medicaid

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99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 or 3 of these 3 key components: 1) an extended problem focused history, 2) An extended problem focused examination, 3) Medical decision making of low complexity.	\$84.31	Indiana Medicaid
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 or 3 of these key components: 1) a detailed history, 2) a detailed medical examination, 3) medical decision of moderate complexity.	\$119.13	Indiana Medicaid
99215	Office visit or other outpatient visit for the evaluation and management of a new patient, which requires at least 2 or 3 these 3 key components: 1) a comprehensive history, 2) a comprehensive examination, 3) medical decision of high complexity.	\$167.63	Indiana Medicaid
Transportation (transportation is paid by RMA based on individual refugees not based on families, therefore grantees charge per refugee)			
A0100 UA	Transportation to and from clinic (0-5 miles)	One way \$6.00	Indiana Medicaid Taxi rate
A0100 UB	Transportation to and from clinic (6-10 miles)	One way \$10.00	Indiana Medicaid Taxi rate
A0100 UC	Transportation to and from clinic (11 miles or more)	One way \$15.00	Indiana Medicaid Taxi rate

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Venipuncture			
36415	Venipuncture blood collection	\$8.83	Clinical Lab Fee Schedule
36416	Capillary blood draw	\$3.81	Clinical Lab Fee Schedule
CBC			
85025	Complete CBC w/ WBC differential	\$7.77	Clinical Lab Fee Schedule
Serum Chemistries [may choose one]			
80047	Basic metabolic panel	\$13.73	Clinical Lab Fee Schedule
80048	Basic metabolic panel	\$8.46	Clinical Lab Fee Schedule
80053	Comprehensive metabolic panel	\$10.56	Clinical Lab Fee Schedule
Urinalysis [choose one]			
81000	Urinalysis	\$4.02	Clinical Lab Fee Schedule
81001	Urinalysis	\$3.17	Clinical Lab Fee Schedule
81002	Urinalysis	\$3.48	Clinical Lab Fee Schedule
81003	Urinalysis	\$2.25	Clinical Lab Fee Schedule
81005	Urinalysis	\$2.17	Clinical Lab Fee Schedule
Cholesterol [if 80061 chosen, cannot choose others]			
80061	Lipid panel	\$13.39	Clinical Lab Fee Schedule
82465	Total cholesterol	\$4.35	Clinical Lab Fee Schedule
83718	HDL	\$8.19	Clinical Lab Fee Schedule
Pregnancy Testing [choose one for women of childbearing age]			
81025	Urine pregnancy test	\$8.61	Clinical Lab Fee Schedule
84703	Chorionic gonadotropin assay, qualitative	\$7.52	Clinical Lab Fee Schedule
84702	Chorionic gonadotropin test, quantitative	\$15.05	Clinical Lab Fee Schedule
Blood Lead Level & Hematology [choose 83655 for lead for children 6 mo - 16 years; and one or more of the nutritional tests if < 6 years]			
83655	Assay of lead	\$12.11	Clinical Lab Fee Schedule
83540	Assay of iron	\$6.47	Clinical Lab Fee Schedule
82728	Assay of ferritin	\$13.63	Clinical Lab Fee Schedule
83550	Iron binding capacity	\$8.74	Clinical Lab Fee Schedule

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85046	Reticulocyte/Hb concentrate	\$5.57	Clinical Lab Fee Schedule
HIV Testing [choose HIV 1 + HIV 2 - e.g., combination screening test or separate HIV 1 AND a HIV 2 screening tests]			
86701	HIV-1, antibody, rapid test	\$8.89	Clinical Lab Fee Schedule
86702	HIV-2, antibody, rapid test	\$13.52	Clinical Lab Fee Schedule
86703	HIV-1/HIV-2 single result, antibody, rapid test	\$13.71	Clinical Lab Fee Schedule
87389	HIV-1 AG W/HIV-1&-2 AB AG IA	\$24.08	Clinical Lab Fee Schedule
87390	HIV-1 enzyme immunoassay (EIA)	\$24.06	Clinical Lab Fee Schedule
87391	HIV-2 EIA	\$21.90	Clinical Lab Fee Schedule
86689	HTLV/HIV confirmatory test, antibody- <i>if screening test positive</i>	\$19.35	Clinical Lab Fee Schedule
87534	HIV-1 DNA direct probe	\$21.92	Clinical Lab Fee Schedule
87535	HIV-1 DNA amplified probe	\$35.09	Clinical Lab Fee Schedule
87537	HIV-2 DNA direct probe	\$21.92	Clinical Lab Fee Schedule
87538	HIV-2 DNA amplified probe	\$35.09	Clinical Lab Fee Schedule
87536	HIV-1 RNA quantative RT-PCR - <i>only in infants of HIV + mothers</i>	\$85.10	Clinical Lab Fee Schedule
87539	HIV-2 RNA quantative RT-PCR - <i>only in infants of HIV + mothers</i>	\$58.62	Clinical Lab Fee Schedule
Hepatitis Testing			
86708	Hepatitis A antibody, IgM	\$12.39	Clinical Lab Fee Schedule
87340	Hepatitis B surface antigen EIA	\$10.33	Clinical Lab Fee Schedule
86704	Hepatitis B core antibody total	\$12.05	Clinical Lab Fee Schedule
86706	Hepatitis B surface antibody	\$10.74	Clinical Lab Fee Schedule
87341	Hepatitis B surface antigen EIA, confirm - <i>if initial screen (87340) positive</i>	\$10.33	Clinical Lab Fee Schedule
86803	Hepatitis C antibody	\$14.27	Clinical Lab Fee Schedule
Hepatitis C Confirmatory [only if Hepatitis C antibody screening positive, choose one]			
87522	Hepatitis C Virus Quantitative, RNA- <i>if initial screen (86803) positive</i>	\$42.84	Clinical Lab Fee Schedule
86804	Hepatitis C antibody, confirm - <i>if initial screen (86803) positive</i>	\$15.49	Clinical Lab Fee Schedule
Syphilis Screening			
86592	Syphilis test non-treponemal [VDRL or RPR]	\$4.27	Clinical Lab Fee Schedule
86593	Syphilis test non-treponemal, quantitative - <i>if initial screen (86592) positive</i>	\$4.40	Clinical Lab Fee Schedule
Syphilis Confirmatory [only test if syphilis screening positive]			
86780	Treponema pallidum [TP-PA; FTA; ELISA; IgG]	\$13.24	Clinical Lab Fee Schedule

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Chlamydia and Gonorrhea Testing [choose only one Chlamydia test]			
87491	Chlamydia DNA amplification probe	\$35.09	Clinical Lab Fee Schedule
87591	Gonorrhea DNA amplification probe	\$35.09	Clinical Lab Fee Schedule
87810	Chlamydia immunoassay	\$35.29	Clinical Lab Fee Schedule
87270	Chlamydia DFA	\$11.98	Clinical Lab Fee Schedule
87320	Chlamydia EIA	\$15.00	Clinical Lab Fee Schedule
87110	Chlamydia culture	\$19.60	Clinical Lab Fee Schedule
Newborn Screening (outpatient, order Newborn Screening card and send card with bloodspot to IU lab for Newborn Screening)*			
N/A	Newborn screening	\$120	IU NBS Lab flat rate

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Serology and Immunization [may have various combinations of serologic testing and vaccinations]			
Serology			
86762	Rubella antibody	\$14.39	Clinical Lab Fee Schedule
86765	Rubeola antibody	\$12.88	Clinical Lab Fee Schedule
86735	Mumps antibody	\$13.05	Clinical Lab Fee Schedule
86787	Varicella-zoster antibody	\$12.88	Clinical Lab Fee Schedule
86648	Diphtheria antibody	\$15.21	Clinical Lab Fee Schedule
86774	Tetanus antibody	\$14.80	Clinical Lab Fee Schedule
86658 x 3	Enterovirus antibody [polio 1, 2, 3]	\$13.03	Clinical Lab Fee Schedule
Immunization [Use state-specific Medicaid rates, if applicable; otherwise, the costs can be estimated using the rates provided from http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm]			
90471	Immunization administration intramuscular injections; one vaccine (single or combination) Do not use in conjunction with 90473	\$15.00	Indiana Medicaid Fee Schedule
90472	Immunization administration intramuscular injections; each additional vaccine (single or combination)	\$15.00	Indiana Medicaid Fee Schedule
90473	Immunization administration by intranasal or oral route each additional vaccine do not use in conjunction with 90471	\$15.00	Indiana Medicaid Fee Schedule
90474	Immunization administration by intranasal or oral route each additional vaccine (single or combination)	\$15.00	Indiana Medicaid Fee Schedule
90619	MCV4 (MENACWY-TT VACCINE)	\$179.78	Indiana Medicaid Fee Schedule
90620	Meningococcal B (MenB)-4C vaccine two-dose for intramuscular use	\$248.19	Indiana Medicaid Fee Schedule
90621	Meningococcal B (MenB)-FHBP vaccine two or three-dose for intramuscular use	\$216.90	Indiana Medicaid Fee Schedule
90632	Hepatitis A vaccine, adult dosage	\$84.60	Indiana Medicaid Fee Schedule
90634	Hepatitis A vaccine, pediatric/adolescent three-dose	\$0.00	Indiana Medicaid Fee Schedule
90636	Hepatitis A and hepatitis B (HepA-HepB), adult, for intramuscular use	\$137.48	Indiana Medicaid Fee Schedule
90647	Haemophilus b conjugate (PRP-OMP) three- dose for intramuscular use	\$31.32	Indiana Medicaid Fee Schedule
90648	Haemophilus influenza b vaccine (Hib) for intramuscular use	\$13.04	Indiana Medicaid Fee Schedule

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90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) three-dose schedule, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	\$134.40	Indiana Medicaid Fee Schedule
90651	Human Papilloma virus (HPV) vaccine nonavalent for intramuscular use	\$322.20	Indiana Medicaid Fee Schedule
90656	Inflenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 year and older, for intramuscular use	\$19.93	Indiana Medicaid Fee Schedule
90658	Inflenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	\$19.48	Indiana Medicaid Fee Schedule
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use	\$33.28	Indiana Medicaid Fee Schedule
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use, age 65+	\$76.24	Indiana Medicaid Fee Schedule
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	\$236.97	Indiana Medicaid Fee Schedule
90671	PCV15 VACCINE	\$239.87	Indiana Medicaid Fee Schedule
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	\$24.94	Indiana Medicaid Fee Schedule
90673	Influenza virus vaccine, trivalent, live, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free for intramuscular use	\$76.24	Indiana Medicaid Fee Schedule
90674	Influenza virus vaccine, quadrivalent, derived from cell cultures, preservative free, for intramuscular use ages 4+	\$30.82	Indiana Medicaid Fee Schedule
90677	PCV20 vaccine	\$287.54	Indiana Medicaid Fee Schedule
90680	Rotavirus vaccine, pentavalent, three-dose schedule live, for oral use	\$102.97	Indiana Medicaid Fee Schedule
90681	Rotavirus vaccine, human, attenuated, two-dose schedule live, for oral use	\$0.00	Indiana Medicaid Fee Schedule
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative- and antibiotic-free, IM	\$66.95	Indiana Medicaid Fee Schedule
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	\$19.93	Indiana Medicaid Fee Schedule
90688	influenza virus vaccine quadrivalent, split virus, when administered to individuals 3 years and older, for intramuscular use	\$18.57	Indiana Medicaid Fee Schedule
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV)	\$0.00	Indiana Medicaid Fee Schedule
90697	DTAP-IPV-HIB-HEPB VACCINE (Vaxelis)	\$0.00	Indiana Medicaid Fee Schedule

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90698	Diphtheria, tetanus toxoids, and acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV)	\$107.55	Indiana Medicaid Fee Schedule
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP)	\$0.00	Indiana Medicaid Fee Schedule
90702	Diphtheria and tetanus toxoids (DT)	\$0.00	Indiana Medicaid Fee Schedule
90707	Measles, mumps and rubella virus vaccine (MMR), live	\$97.60	Indiana Medicaid Fee Schedule
90710	Measles, mumps, rubella and varicella virus vaccine (MMR), live	\$288.92	Indiana Medicaid Fee Schedule
90713	Poliovirus, inactivated for subcutaneous or intramuscular use	\$46.18	Indiana Medicaid Fee Schedule
90714	Tetanus and diphtheria toxoids (Td)	\$18.89	Indiana Medicaid Fee Schedule
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap)	\$48.82	Indiana Medicaid Fee Schedule
90716	Varicella virus vaccine, live	\$191.36	Indiana Medicaid Fee Schedule
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV)	\$104.89	Indiana Medicaid Fee Schedule
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use	\$122.94	Indiana Medicaid Fee Schedule
90733	Meningococcal polysaccharide vaccine, quadravalent, for subcutaneous use	\$0.00	Indiana Medicaid Fee Schedule
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for	\$102.50	Indiana Medicaid Fee Schedule
90736	Zoster (shingles) vaccine, live, for subcutaneous injection	\$161.63	Indiana Medicaid Fee Schedule
90739	HEPB VACC 2/4 DOSE ADULT (HepIsav-B, two-dose hepatitis B)	\$163.54	Indiana Medicaid Fee Schedule
90744	Hepatitis B vaccine, pediatric/adolescent for intramuscular use (3 dose schedule)	\$28.51	Indiana Medicaid Fee Schedule
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	\$71.46	Indiana Medicaid Fee Schedule
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	\$226.28	Indiana Medicaid Fee Schedule
91300	Pfizer-BioNTech SARS-CoV-2 vaccine ages 12 years and older, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91301	Moderna, Inc. SARS-CoV-2 vaccine ages 12 years and older, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule

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91302	AstraZeneca SARS-CoV-2 vaccine ages 18 years and older, DNA, spike protein, ChAdOx1 vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91303	Janssen SARS-CoV-2 vaccine ages 18 years and older, DNA, spike protein, Ad26 vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91304	Novavax, Inc. SARS-CoV-2 vaccine ages 18 years and older, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	\$161.54	Indiana Medicaid Fee Schedule
91305	Pfizer-BioNTech SARS-CoV-2 vaccine ages 12 years and older, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91306	Moderna, Inc. SARS-CoV-2 vaccine ages 18 years and older, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91307	Pfizer-BioNTech SARS-CoV-2 vaccine ages 5 years through 11 years, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91308	Pfizer-BioNTech SARS-CoV-2 vaccine ages 6 months through 4 years, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91309	Moderna, Inc. SARS-CoV-2 vaccine ages 6 years through 11 years, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91310	Sanofi Pasteur SARS-CoV-2 vaccine ages 18 years and older, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91311	Moderna, Inc. SARS-CoV-2 vaccine ages 6 months through 5 years, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91312	Pfizer-BioNTech SARS-CoV-2 vaccine ages 12 years and older, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91313	Moderna, Inc. SARS-CoV-2 vaccine ages 18 years and older, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule

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91314	Moderna, Inc. SARS-CoV-2 vaccine ages 6 years through 11 years, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91315	Pfizer-BioNTech SARS-CoV-2 vaccine ages 5 years through 11 years, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
91315	Pfizer-BioNTech SARS-CoV-2 vaccine ages 5 years through 11 years, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	\$0.00	Indiana Medicaid Fee Schedule
Immunization for children should be billed to the vaccine for children (VFC) program. RMA reimbursement is provided for adult immunizations and child immunization NOT covered by VFC.			
TB screening [choose one IGRA or TST; choose one chest x-ray]			
86480	TB test cell immun measure [IGRA]	\$61.98	Clinical Lab Fee Schedule
86481	TB Ag response t-cell susp [IGRA]	\$100.00	Clinical Lab Fee Schedule
86580	TST/PPD reading	\$9.22	Indiana Medicaid Fee Schedule
71045	Chest x-ray, frontal	\$23.42	Indiana Medicaid Fee Schedule
71046	Chest x-ray, PA and lateral	\$30.77	Indiana Medicaid Fee Schedule
Parasites			
87177 x 2	Ova and parasites smear	\$8.90	Indiana Medicaid Fee Schedule
86682	Helminth antibody - Schistosoma (SC) or Strongyloides (ST)	\$13.01	Clinical Lab Fee Schedule
Malaria [test or treat ONLY refugees originating in sub-Saharan Africa who have not received pre-departure therapy; this applies to only a minority of refugees because all refugees from sub-Saharan Africa are receiving presumptive treatment, unless there is a contraindication; if testing, choose one test].			
86750	Malaria antibody	\$13.19	Clinical Lab Fee Schedule
87899	Malaria rapid screen and stain	\$16.07	Clinical Lab Fee Schedule
87207 x 3	Parasite blood smear	\$5.99	Clinical Lab Fee Schedule
87798	Malaria PCR, speciation	\$35.09	Clinical Lab Fee Schedule
Mental Health (* only for mental health providers)			
96150	Mental health/health behavior assessment (onetime during first 90 days)	\$16.88	Indiana Medicaid fee Schedule
96152	Individual intervention	\$15.47	Indiana Medicaid fee Schedule
96151	Behavior health reassessment	\$16.31	Indiana Medicaid fee Schedule
H0031	Mental health assessment	\$293.26	Indiana Medicaid fee Schedule

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Treatment and Other Activities 2025-2026 Payment

Medications	Unit Cost	
	Adult	Child
If medication dispensed in office; N/A if prescription given. Pricing from Indiana Medicaid Maximum Allowable Cost (MAC). *Malaria empirical treatment provided only for refugees who did not receive presumptive treatment overseas.		
Albendazole	\$5.83/tab 200mg	\$5.53/tab 200mg
Amoxicillin	\$0.09/cap 500mg \$0.07/cap 250mg \$0.17/tab 875mg	\$0.03/ml of susp (250mg/5ml) \$0.04/ml of susp (200mg/5ml) \$0.02/ml of susp (125mg/5ml) \$0.04/ml of susp (400mg/5ml)
Artemether-lumefantrine*	\$5.36/tab 20-120mg	\$5.36/tab 20-120mg
Atovaquone-Proguanil*	\$1.68/tab 250-100mg	\$1.68/tab 250-100mg
Azithromycin	\$0.66/tab 500mg \$0.37/ tab 250mg	\$0.30/ml of susp (200mg/5ml) \$0.41/ml of susp (100mg/5ml)
Benzathine Penicillin G	\$213.08/600,000 unit (1ml) syringe \$369.04/1,200,000 unit (2ml) syringe \$756.22/2,400,000 unit (4ml) syringe	\$213.08/600,000 unit (1ml) syringe \$369.04/1,200,000 unit (2ml) syringe \$756.22/2,400,000 unit (4ml) syringe
Ceftriaxone	\$2.06/1 gram vial \$6.71/2 gram vial \$44.01/10 gram vial	\$1.25/250mg vial \$1.21/500mg vial
Clotrimazole 1% cream	\$0.31/gram of cream	\$0.31/gram of cream
Elemental Iron	\$0.15/tab 325 mg	\$0.03 susp 44mg/5ml
Griseofulvin	\$6.57/tab 500mg microsize \$4.34/tab 250mg ultramicro \$3.33/tab 125mg ultramicro	\$0.33/ml of 125mg/5ml susp
Ivermectin	\$3.23/tab 3mg	\$3.23/tab 3mg
Metronidazole	\$0.10/tab 250 mg \$0.11/tab 500mg	\$0.10/tab 250 mg \$0.11/tab 500mg
Multivitamin with minerals	\$0.07/tab	\$0.07/tab chewable \$0.41/ml liquid \$1.13/ml drops
Neomycin, Polymixin B, Hydrocortisone 1% Otic Suspension (3.5mg/ml-1000unit/ml-1%)	\$4.82/ml Otic susp	\$4.82/ml Otic susp
Paromomycin	\$145.87/capsule 250 mg	\$145.87/capsule 250 mg

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Penicillin	\$0.10/tab 500 mg \$0.07/tab 250mg	\$0.06/ml of 250mg/5ml sol \$0.05/ml of 125mg/5ml sol
Permethrin 5%	\$0.24/gram of cream	\$0.24/gram of cream
Praziquantel	\$54.92/tab 600mg	\$54.92/tab 600mg
Other Activities		
Activities	Unit Cost	
Medical Interpretation	\$12.50 /15minutes	
Data Entry [40 hours/week maximum]	\$24 /hour	
Care Coordination	\$28 /hour	