

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

<b>Screening Activity &amp; CPT Code</b>	<b>CPT/HCPCS Descriptors</b>	<b>2025-2026 Payment</b>	<b>Source</b>
<b>History and Physical Exam</b>			
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
<b>Nurse Visit [if no doctor visit, only nurse visit]</b>			
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
<b>Doctor Visit #2 [if doctor sees the patient again - e.g., doctor sees patient for initial screening visit and for follow-up]</b>			
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
<b>Transportation (transportation is paid by RMA based on individual refugees not based on families, therefore grantees charge per refugee)</b>			
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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<b>Venipuncture</b>			
36415	Venipuncture blood collection	\$8.83	Clinical Lab Fee Schedule
36416	Capillary blood draw	\$3.81	Clinical Lab Fee Schedule
<b>CBC</b>			
85025	Complete CBC w/ WBC differential	\$7.77	Clinical Lab Fee Schedule
<b>Serum Chemistries [may choose one]</b>			
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
<b>Urinalysis [choose one]</b>			
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
<b>Cholesterol [if 80061 chosen, cannot choose others]</b>			
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
<b>Pregnancy Testing [choose one for women of childbearing age]</b>			
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
<b>Blood Lead Level &amp; Hematology [choose 83655 for lead for children 6 mo - 16 years; and one or more of the nutritional tests if &lt; 6 years]</b>			
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
<b>HIV Testing</b> [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 quantitative RT-PCR - <i>only in infants of HIV + mothers</i>	\$85.10	Clinical lab Fee Schedule
87539	HIV-2 RNA quantitative RT-PCR - <i>only in infants of HIV + mothers</i>	\$58.62	Clinical lab Fee Schedule
<b>Hepatitis Testing</b>			
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
<b>Hepatitis C Confirmatory</b> [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
<b>Syphilis Screening</b>			
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
<b>Syphilis Confirmatory</b> [only test if syphilis screening positive]			
86780	Treponema pallidum [TP-PA; FTA; ELISA; IgG]	\$13.24	Clinical Lab Fee Schedule

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<b>Chlamydia and Gonorrhea Testing [choose only one Chlamydia test]</b>			
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
<b>Newborn Screening (outpatient, order Newborn Screening card and send card with bloodspot to IU lab for Newborn Screening)*</b>			
N/A	Newborn screening	\$120	IU NBS Lab flat rate

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<b>Serology and Immunization</b> [may have various combinations of serologic testing and vaccinations]			
<b>Serology</b>			
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
<b>Immunization</b> [Use state-specific Medicaid rates, if applicable; otherwise, the costs can be estimated using the rates provided from <a href="http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm">http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm</a> ]			
90471	Immunization administration intramuscular injections; one vaccine (single or combination) <i>Do not use in conjunction with 90473</i>	\$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 <i>do not use in conjunction with 90471</i>	\$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	Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older for intramuscular use	\$19.93	Indiana Medicaid Fee Schedule
90658	Influenza 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-Hib-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, quadrivalent, 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 ( Heplisav-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, 5x1010 viral particles/0.5 mL dosage, for <i>intramuscular use</i>	\$0.00	Indiana Medicaid Fee Schedule
91303	Janssen SARS-CoV-2 vaccine ages 18 years and older, DNA, spike protein, Ad26 vector, preservative free, 5x1010 viral particles/0.5 mL dosage, for <i>intramuscular use</i>	\$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 <i>intramuscular use</i>	\$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 <i>intramuscular use</i>	\$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 <i>intramuscular use</i>	\$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- <i>sucrose formulation for intramuscular use</i>	\$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- <i>sucrose formulation for intramuscular use</i>	\$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 <i>intramuscular use</i>	\$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 <i>intramuscular use</i>	\$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 <i>intramuscular use</i>	\$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 <i>formulation for intramuscular use</i>	\$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 <i>intramuscular use</i>	\$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
<b>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.</b>			
<b>TB screening</b> [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
<b>Parasites</b>			
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
<b>Malaria</b> [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
<b>Mental Health</b> (* 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**

<b>Medications</b>	<b>Unit Cost</b>	
	<b>Adult</b>	<b>Child</b>
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
<b>Other Activities</b>		
<b>Activities</b>		<b>Unit Cost</b>
Medical Interpretation	\$12.50 /15minutes	
Data Entry [40 hours/week maximum]	\$24 /hour	
Care Coordination	\$28 /hour	