

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

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FROM: Community Health Agency/Department of Public Health

SUBMITTAL DATE:

October 14, 2005

SUBJECT: Ordinance No. 734.8 Amending Ordinance No. 734, an Ordinance of the County of Riverside Establishing Fees, Charges, and Rates for County Public Health Services and Supplies.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Introduce and set for public hearing the adoption of Ordinance 734.8, and
- 2) At the close of the Public Hearing, adopt the Ordinance No. 734.8.
- 3) Direct the Auditor-Controller to make the budget adjustments on the Schedule A (attached).

BACKGROUND: In March 1994 the Board adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, establishing County Public Health fees, charges and rates. The last update to Ordinance 734 was in March 2002 with Board adoption of Ordinance 734.7. As a result of budget actions at the state level, increases in employee salaries/benefits, increased pricing due to the Consumer Price Index (CPI), changes in contracts, the addition/deletion of services and changes in allowable reimbursement rates from third party payers, we are submitting Ordinance 734.8 to reflect the commensurate and applicable changes to the Department of Public Health fee schedule.

(Continued)

FISCAL PROCEDURES APPROVED
 ROBERT E. BYRD, Auditor-Controller
 BY *[Signature]* 10/20/05
 Deputy

[Signature: Susan D. Harrington]

 Susan Harrington, Director
 Department of Public Health

FINANCIAL DATA	Current F.Y. Total Cost:	In Current Year Budget: Partial	Yes
	Current F.Y. Net County Cost:	Budget Adjustment:	Yes
	Annual Net County Cost:	For Fiscal Year:	05/06
SOURCE OF FUNDS: Fees paid for services by public and third party payers.		Positions To Be Deleted Per A-30	<input type="checkbox"/>
		Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

County Executive Office Signature

[Signature: Dan Martinez]

Policy Policy
 Consent Consent
 Dep't Recomm.: Per Exec. Ofc.:

Prev. Agn. Ref.: Item 7.3, 2/26/99
3.7, 3/12/02

District:

Agenda Number:

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This update includes new, revised, and deleted fees. New fees have been calculated to offset the actual cost of providing the service/product, or set at a rate used in the healthcare industry as a factor of the Medi-Cal maximum allowable charge. Many of the fees in the ordinance have not changed; however, further explanation of those that did change is provided as follows:

a. The Education classes for sex and drug offenders as set forth by the Judge are no longer taught by the Health Education Branch, and thus the deletion of the current fee of \$70-\$300. The increase in the CPR manuals will cover the cost increase of \$2 from the American Heart Association and the \$85 charge for the employee Management classes is the cost County HR charges per participant if the classes are attended through the Community Health Agency Staff Development office.

b. The Media Production Unit proposes a fee increase due to growing overhead and costs associated with operating the Media Production Unit, and the Agency overhead costs associated with salaries and benefits. The other proposed increases are for the use of Media Production Unit equipment and contracted outside crew and talent. The increases we proposed do not exceed rates charged for equivalent services in the private sector.

c. California Children's Services (CCS) has updated its fee information to coincide with the new range based on 2004 State CCS Fee Guidelines.

d. Nutrition has implemented the Kid Shape Program with program costs totaling \$300 (group rate for 4, two-hour sessions @ \$75 each) and the Kinder Shape Program with program costs totaling \$445 (group rate for 6, two-hour sessions at \$75 each). These rates are based on the Rand cost analysis and similar programs operating in Los Angeles. The other increases in fees are justified by re-evaluating costs associated with conducting nutrition services and home visits.

e. Industrial Hygiene last updated their fees in 1997. After completing a cost study analysis, the proposed fees are requested.

f. Vital Records has updated its fees based on the Vital Statistics Fee Schedule set by the California Department of Health Services (DHS) effective January 1, 2005.

g. It is the policy of CHA to derive the majority of its prices for clinical services using Medi-Cal reimbursement plus 15%, which makes the County prices substantially lower than industry pricing standards. In some unusual cases, where we have not been able to find a comparable Medi-Cal price, we have reviewed Medicare prices and private commercial pricing, before establishing the base price.

h. Family Planning increases or decreases their fees when reimbursement rates change or the cost of the items change to reflect a more accurate picture of costs compared to reimbursements. Therefore, due to the increase in fees from their insurance provider, reimbursement rates are also increasing.

i. The Medical Marijuana Identification Card Program (MMIC) is a new program and will be housed in the HIV/AIDS Branch. Senate Bill 420 (Chapter 875, Statutes of 2003) mandates that the State of California Department of Health Services (CDHS) and county health departments develop and maintain a MMIC. The MMIC will

process applications and issue identification cards for individuals with a physician's recommendation to use marijuana for specified medical conditions. MMIC Program participants will be required to renew their applications annually. Of the \$100.00 fee, CDHS will receive \$13.00. The law allows for eligible Medi-Cal patients to receive a 50 percent reduction in fees, CDHS' portion will be \$6.50.

This update has been approved as to form by County Counsel.

SCHEDULE A
Riverside County Therapeutic ID Card Program

Fiscal Year 2005/06

Increase in Appropriations:

10000-4200100000- 510040	Regular Salaries	114,569
10000-4200100000- 518100	Budgeted Benefits	48,119
10000-4200100000- 520330	Communication Services	5,000
10000-4200100000- 523290	Bank Charges	12,000
10000-4200100000- 523680	Office Equip-Non Fixed Asset	24,023
10000-4200100000- 523700	Office Supplies	3,700
10000-4200100000- 523760	Postage-Mailing	3,000
10000-4200100000- 523800	Printing/Binding	2,500
10000-4200100000- 524500	Administrative Support-Direct	28,089
10000-4200100000- 525440	Professional Services	2,000
10000-4200100000- 526700	Rent-Lease Bldg	12,500
10000-4200100000- 528920	Car Pool Expenses	2,500
10000-4200100000- 529040	Private Mileage Reimbursement	<u>3,000</u>
	Total Increase in Appropriation	<u>\$ 261,000</u>

Increase in Estimated Revenue:

10000-4200100000- 781360	Other Misc. Revenue	<u>\$ 261,000</u>
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**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
Business Services:		
Returned Checks	\$20.00	\$20.00
Emergency Medical Services:		
Advanced Life Support (ALS): Ambulance Service Permit (per yr)	\$6,000.00	\$6,000.00
Basic Life Support (BLS): Ambulance Service Permit (per yr)	\$3,000.00	\$3,000.00
Each ambulance (per yr)	\$250.00	\$250.00
Educational Programs (per instructor hr)	\$50.00	\$50.00
EMS Dispatcher Certification (every two yrs)	\$15.00	\$15.00
EMT-I Certification and recertification (every two yrs)	\$25.00	\$25.00
EMT-I Certification and recertification - Late fee	\$10.00	\$10.00
EMT-P Initial Accreditation	\$75.00	\$75.00
EMT-P Reverification (every two yrs)	\$50.00	\$50.00
EMPT-P (paramedic) and MICN (Mobile Intensive Care Nurse) Late fee	\$25.00	\$25.00
Fees for medical services and most laboratory - See clinical services.		
First Responder Certification (every two yrs)	\$15.00	\$15.00
Initial Certification (MICN Challenge) Recertification: (every two yrs)	\$75.00	\$75.00
Lost Card Replacement	\$10.00	\$10.00
Policies & Procedure manual on CD	\$0.00	\$10.00
Mobile Intensive Care Nurse (MICN) Certification (every two yrs)	\$50.00	\$50.00
Photocopying (per page)	\$0.05	\$0.05
Protocol Manual Update Subscriptions:		
Complete Manual (every two yrs)	\$5.00	\$5.00
Protocol Manuals:		
Complete Manual	\$50.00	\$50.00
Each Section	\$5.00	\$5.00
Injury Prevention Services:		
Car Seat - Sliding fee scale based on Income (Price range \$0 - \$40.00)	\$40.00	\$40.00
Bicycle Helmets - sliding fee scale (price range - \$3.00 - \$10.00)	\$10.00	\$10.00
Non Clinical Laboratory:		
Fees for Registration of Nondiagnostic General Health Assessment Program:		
Annual Operator/Organization Registration	\$100.00	\$100.00
Additional Program	\$43.00	\$43.00
Additional Site	\$20.00	\$20.00
Additional Dates	\$12.00	\$12.00
Personnel Addition	\$12.00	\$12.00
Review Procedural Changes	\$20.00	\$20.00
Record Changes	\$12.00	\$12.00
Consultation Fee (per hr)	\$51.00	\$51.00
Miscellaneous Laboratory Fees:		
Routine Water Examination (presence-absence)	\$10.00	\$10.00
Routine Water Examination (MPN)	\$18.00	\$18.00
Special Water Examination	\$36.00	\$36.00
Rabies FRA	\$50.00	\$50.00
Disease Control:		
Fee for processing alien waiver	\$67.00	\$67.00
Fee for provision of TB Skin Testing Group: Class Fee	\$354.90	\$354.90
Per Capita Student Fee	\$9.40	\$9.40
Nursing:		
Denver Develop (DDST)	\$65.60	\$65.60
Detention Facility Inspection (per hr)	\$71.42	\$71.42
HIV/AIDS:		
Education Classes for sex and drug offenders (set by Judge)	\$70.00-\$300.00	\$70.00-\$300.00
Therapeutic Med ID Program (MMPIC)		\$100.00
Therapeutic Med ID Program (MMPIC) discount		\$50.00
Media Production Unit		
Field Production Services:		
Production crew (1 Producer/Director)	\$45 per hr	\$60 / hr.

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
Production Crew (1 Production Coordinator)	\$30 per hr	\$50 / hr.
Production Crew (1 Production Assistant)	\$15 to \$25 per hr	\$30 to \$40/ hr.
Talent: Narrator	\$75 to \$150 per hr	\$75 to \$150 per hr
Talent: On Camera	\$40 to \$90 per hr	\$40 to \$90 per hr
Video Marketing Range:		
Low	\$25.00	\$25.00
High	\$150.00	\$150.00
Field Video Production		
Betacam ENG Equipment package	\$40 per hr	\$50/ hr.
Betacam ENG Equipment package	\$360 per day	\$450 / day
Betacam EFP Equipment package	\$50 per hr	\$60 / hr.
Betacam EFP Equipment package	\$450 per day	\$540 / day
Teleprompter up to four hrs	\$60 per hr	\$80 / hr.
Teleprompter over four hrs	\$360 per day	\$480 / day
Hi-8 documentation/Conference taping equipment package	\$35 per hr	\$45 / hr.
Hi-8 documentation/Conference taping equipment package	\$315 per day	\$405 / day
Fujix DS-300 digital still camera	\$20 per hr	\$30 / hr.
Video Tape: Sony BCT-30 Betacam	\$25.75 each	\$25.75 each
Video Tape: Sony Hi-8 P6-60	\$7.75 each	\$7.75 each
Video Tape: Sony Hi-8 P6-120	\$9.75 each	\$9.75 each
Studio Facilities		
Fast Silver non-linear Video editing system	\$105 Per hr	\$120 / hr.
Cuts only Beta-to-Beta or Hi-8-to-Beta liner editing system with computer list Mgmt	\$80 per hr	\$0.00
Narration recording studio	\$40 per hr	\$50 / hr.
Dubbing: Beta, Hi-8 or 3/4" to VHS (including tape stock):		
10 min.or less	\$4 per copy	\$5.00
10 to 30 min	\$5 per copy	\$6.00
30 to 60 min	\$10 per coy	\$12.00
60 to 120 min	\$15 per copy	\$18.00
California Children's Services (CCS):		
CCS Assessment Fee: (Depends on family size & adjusted gross income)	\$0 or \$20	\$0 or \$20
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)	\$0 to \$1620	\$0 to \$1680
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)	\$0 to \$1620	\$0 to \$1620
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4)	\$0 to \$1620	\$0 to \$1560
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5)	\$0 to \$1620	\$0 to \$1500
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)	\$0 to \$1620	\$0 to \$1400
Nutrition		
Kid Shape Programs (per series, four (4) 2-hour sessions)		\$300.00
Kinder Shape Program (per series, six (6), 2 hour sessions)		\$445.00
Community Education Presentation (per hr)	\$55.00	\$70.00
RD Nutrition Services (per hr)	\$55.00	\$70.00
RD Medical Nutrition Therapy (MNT) Visit Initial (per hour)		\$90.00
RD MNT Visit Follow Up (per 1/2 hour)		\$45.00
RD MNT Group Class (per 2 hour)		\$35.00
Staff Training (for non-County providers) (per hr)	\$55.00	\$70.00
RD Home Visit Initial (per hr)	\$70.00	\$85.00
RD Home Visit Follow up (per hr)	\$50.00	\$60.00
RD Detention Facility Inspection (per hr)	\$55.00	\$60.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
Car Seat Safety Education Program (per hour)		\$25.00
Vital Records:		
Certified copies, searches & certification of no record (the fees are the same)		
Birth (for government agencies)	\$9.00	\$11.00
Birth (for the general public)	\$16.00	\$15.00
Birth Search	\$16.00	\$18.00
Death Certificate (government agency & general public)	\$11.00	\$13.00
Fetal Death Certificate (government agency & general public)	\$9.00	\$9.00
Marriage (for the general public)		\$13.00
Marriage (for government agencies)		\$9.00
Death Search	\$11.00	\$13.00
Death listings (sent to mortuaries)	\$5.00	\$5.00
Fax Filing Fee- Per authorization number	\$1.00	\$1.00
Permit Issued by Crossfiling (in County)	\$3.00	\$14.00
Permit Issued by Crossfiling (Out of County)	\$7.00	\$3.00
Regular Permit (after hrs)	\$7.00	\$11.00
Regular Permit	\$7.00	\$11.00
Cross-File Permit		\$14.00
AVSS Technical Support per hr	\$95.00	\$95.00
Marriage License (Public, Declared, and non-clergy)		\$34.00
Confidential Marriage License		\$37.00
Petitions for Dissolution of Marriage, Legal Separation or Nullity		\$4.00
AMENDMENT FEES (Issued by State Registrar Only)		
Adjudication of Facts of Parentage		\$20.00
Acknowledgment of Paternity		\$20.00
Amendment of Birth Record to Reflect Court Order Change of Name		\$20.00
Affidavit to Amend a Record*		\$20.00
Physician/Coroner's Amendment*		\$20.00
Amendment of Medical and Health Section Data - Death*		\$20.00
Affidavit to Amend a Marriage Record		\$20.00
Court Order of Adoption		\$20.00
Delayed Registration of Birth		\$20.00
Supplemental Name Report*		\$20.00
Court Ordered Delayed - Death		\$20.00
Court Ordered Delayed - Birth		\$20.00
Court Ordered Delayed - Marriage		\$20.00
Health Education:		
Beginning or Advanced Spanish Class:		
(all attendees, except CHA employees)	\$141.00	\$0.00
Continuing Medical Education:		
Attendance only	\$50.00	\$50.00
Credit and Attendance	\$100.00	\$100.00
CPR Manuals	\$12.00	\$14.00
Health for Life	\$80.00	\$80.00
Vital Learning Management/Supervisory Series		\$85.00
Interaction Management or Situational Leadership II (except CHA employees)	\$173.00	\$0.00
License to Retail Tobacco		\$350.00
Office of Industrial Hygiene		
Industrial hygiene Consultation - Non Acoustical		\$80.00
Industrial hygiene Consultation - Acoustical		\$105.00
Industrial Hygiene Consultation not accessing a Certified Industrial Hygienist (per hr)	\$65.00	\$65.00
Industrial Hygiene Consultation accessing a Certified Industrial Hygienist or Industrial Hygienist for overtime work (per hr)	\$95.00	\$95.00
Industrial Hygiene Consultation - Acoustical Studies (per hr)	\$0.00	\$100.00
Industrial Hygiene Consultation - All Other Non-Acoustical (per hr)	\$0.00	\$80.00
Industrial Hygiene Consultation - Overtime Charge (per hr)	\$0.00	\$120.00
* Additional charges for meals, travel, lodging, laboratory costs and supplies		
Clinic Management:		
Copying Fee (1-50 pages-per page)	\$0.25	\$0.25
(51+ pages-per page)	\$0.10	\$0.10

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
MISP Co-pay (per visit)	\$5.00	\$5.00
Immunization Record	\$3.00	\$3.00
Medical Records Research	\$7.00	\$7.00
Records by Supoena	\$15.00	\$15.00
Clinical Services:		
1 HR RD INDIVIDUAL		\$56.00
30 MIN RD INDIVIDUAL		\$29.00
4 HOUR GROUP CLASS		\$90.00
ABDOMEN-1 VIEW	\$35.65	\$35.65
ABDOMEN-2 VIEWS	\$52.90	\$52.90
ABSCESS I & D SIMPLE	\$60.00	\$60.00
ABSCESS I&D COMPL OR MULT	\$185.00	\$185.00
ACE BANDAGE		\$6.00
ACETAMINOPHEN 120ML BTL	\$1.30	\$4.00
ACETAMINOPHEN 15ML BOTTLE	\$4.00	\$4.00
ACETAMINOPHEN 5 ML ELIXIR	\$3.00	\$3.00
ACETAMINOPHEN 500MG #30	\$5.40	\$5.40
ACETAMINOPHEN 5ML ELIXIR	\$3.00	\$3.00
ACETAMINOPHEN 80MG/0.8ML	\$3.00	\$3.00
ACNE INTRALESION INJECT	\$32.00	\$32.00
ACROMIOCLAVICULAR JOINTS	\$62.10	\$62.10
ACUTE ABDOMEN SERIES-3VWS	\$71.30	\$71.30
ACYCLOVIR CAPS 200MG #30	\$10.50	\$10.50
ADAPTER MALE W/PORT	\$136.00	\$136.00
ADMIN CHARGE PEDIARIX	\$9.00	\$9.00
ADMIN CHG RHOGAM		\$9.00
ADMIN IM ANTIBIOTIC	\$9.00	\$9.00
ADMIN IM BICILLIN	\$9.00	\$9.00
ADMIN IM ROCEPHIN	\$9.00	\$9.00
ADMIN IM/SUBQ	\$9.00	\$9.00
ADMIN INJECTION COMPAZINE	\$19.00	\$19.00
AEROCHAMBER SPACER-ADULT	\$18.00	\$18.00
AEROCHAMBER SPACER-CHILD	\$16.00	\$16.00
AEROCHAMBER SPACER-INFANT	\$14.00	\$14.00
AIDS INTERM VST 12-18/EST		\$63.25
AIRCAST - ANKLE	\$80.00	\$82.55
ALBUMIN - SERUM	\$6.83	\$6.83
ALDARA/IMIQUIMAD CREAM	\$135.00	\$135.00
ALKALINE PHOSPHATASE	\$5.67	\$6.58
AMIKACIN SULF/IM/IV 500 MG	\$58.00	\$58.00
AMMONIA PLASMA	\$21.95	\$21.95
AMOXICILLIN 125MG/5ML SUS	\$5.00	\$5.00
AMOXICILLIN 250MG CAPSULE	\$3.00	\$3.00
AMOXICILLIN 500MG #30 CAP	\$3.00	\$3.00
AMOXICILLIN 500MG #42		\$7.56
AMPICILLIN CAP 500 MG #28	\$6.00	\$6.00
AMPICILLIN CAP 500 MG #40		\$3.95
AMP CAP 500 MG		\$2.75
AMYLASE	\$3.60	\$9.00
ANAL LESN(S) REMOV-CHEMICAL	\$105.00	\$105.00
ANAL LESN(S) REMOV-CRYO	\$98.00	\$102.33
ANKLE FD SPL POST DEVC		\$101.00
ANKLE FD SPL REPL MAT		\$101.00
ANKLE FO REPL MATERIAL		\$101.00
ANKLE FOOT ORTHOSIS		\$114.22
ANKLE SPLINT - WALKING		\$114.61
ANKLE-2 VIEWS	\$40.25	\$40.25
ANKLE-3 VIEWS	\$51.75	\$51.75
ANOSCOPY DIAG W/WO SPECMN	\$50.00	\$50.00
ANOSCOPY W/BIOPSY(S)	\$50.00	\$50.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
ANOSCOPY W/CONTROL BLEED	\$130.00	\$137.44
ANOSCOPY W/REMOV FOREIGN BODY	\$50.00	\$124.17
ANTIBIOTIC SENSITIV-DISK	\$23.00	\$23.00
ANTIBIOTIC SENSITIV-REF LAB	\$9.63	\$9.63
ANTICONVULSANT		\$47.75
ANTI HUMAN GLOB TEST, IND	\$12.25	\$12.25
ANTINUCLEAR ANTIBODS (ANA)		\$18.75
ANTIPARTUM FOLLOW-UP		\$106.00
ANTISTREPTOLYSIN O TITER	\$11.03	\$12.00
AP PELVIS	\$44.85	\$44.85
ARTHRITIS PANEL (2817)	\$25.83	\$25.83
ARTHRITIS PROFILE		\$35.60
ASPIR/INJ FINGER/TOE	\$50.00	\$50.00
ASPIR/INJ SHLDR/HIP/KNEE	\$60.00	\$60.00
ASPIR/INJ WRST/ELBW/ANKL	\$55.00	\$55.00
ASPIRATION BULLA/CYST	\$75.00	\$75.00
ASPIRIN SUPPOSIT 120MG EA	\$1.00	\$1.00
ASPIRIN SUPPOSIT 300MG EA	\$1.00	\$1.00
AUDIOMETRY PURETONE	\$12.00	\$17.60
AZITHROMYCIN 1GM SUSP	\$41.00	\$41.00
AZITHROMYCIN 250MG CAP #1	\$25.00	\$25.00
B.C. PILLS (ALL) 1 PKG		\$13.80
B.C. PILLS (ALL) 10 PKG		\$13.80
B.C. PILLS (ALL) 13 PKG		\$13.80
B.C. PILLS (ALL) 3 PKG		\$13.80
B.C. PILLS (ALL) 9 PKG		\$13.80
BACITRACIN ONT500U/TB30GM		\$5.00
BANDAGE ELASTIC 2IN ACE	\$0.95	\$0.95
BANDAGE ELASTIC 3IN ACE	\$1.10	\$1.10
BANDAGE ELASTIC 4IN ACE	\$1.50	\$1.50
BANDAGE ELASTIC 5IN ACE	\$2.05	\$2.05
BANALG LOTION 60 ML		\$7.60
BASAL THERMOMETER	\$16.50	\$17.24
BCEDP CASE MGMNT OC =()	\$30.00	\$30.00
BENADRYL TABS #100	\$11.99	\$11.99
BENADRYL/DIPHEN 50MG INJ	\$13.00	\$13.00
BENADRYL/DIPHEN ELIXR 5ML	\$3.00	\$3.00
BENDRYL/DIPHEN 25MG CAP EA	\$4.00	\$4.00
BETA-2 MICROGLOBULIN	\$34.66	\$34.66
BETAMETHASONE 3 MG INJ		\$38.00
BF VT 6 MIN N/PT		\$36.80
BICILLIN L.A.		\$57.00
BICILLIN L.A. 1.2MU	\$43.00	\$43.00
BICILLIN L.A. 2.4MU	\$57.00	\$57.00
BILAT HIPS & AP PELVIS	\$85.10	\$85.10
BILIRUBIN; DIRECT	\$5.36	\$5.36
BILIRUBIN; TOTAL	\$5.36	\$5.36
BILIRUBIN TOTAL OR DIRECT		\$8.00
BIOPSY BACK/FLANK	\$123.00	\$123.00
BIOPSY ELBOW/UPPER ARM	\$169.00	\$169.00
BIOPSY FOREARM/WRIST	\$157.00	\$157.00
BIOPSY PELVIS/HIP	\$225.00	\$225.00
BIOPSY SHOULDER AREA	\$151.00	\$151.00
BIOPSY VULVA		\$67.60
BLEPHAMIDE OPHTH SUSP10ML		\$29.10
BLOOD COLLECT SET 21-25GA	\$195.00	\$195.00
BLOOD CULTURE	\$16.53	\$16.53
BLOOD GROUP & RH		\$7.55
BLOOD SMEAR	\$11.00	\$11.00
BLOOD TYPING - ABO	\$5.13	\$5.13

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
BLOOD TYPING - RH	\$5.04	\$7.85
BONE AGE (HAND & WRISTS)	\$52.90	\$52.90
BREAST ABSCESS DRAIN DEEP	\$220.00	\$220.00
BREAST CYST ASPIR EA ADDL	\$30.00	\$30.00
BREAST CYST ASPIRATION	\$55.00	\$55.00
BUN-UREA NITROGEN		\$5.50
BURETTE W/FILTER	\$37.00	\$37.00
BURN 1ST DEGREE TREATMENT	\$55.00	\$55.00
BURN DRESS/DEBRIDE-LARGE	\$131.00	\$131.00
BURN DRESS/DEBRIDE-MEDIUM	\$108.00	\$108.00
BURN DRESS/DEBRIDE-SMALL	\$47.00	\$47.00
BURN DRESSING SIZE SMALL	\$26.00	\$26.00
BURN DRESSING SIZED MEDM	\$42.00	\$42.00
BURN DRESSING SZ LARGE	\$63.00	\$63.00
BURN NET - 30 YRDS		\$0.65
BUTOCONAZOLE NITRATE 2%	\$11.99	\$11.99
CA 125 (TUMOR ANTIGEN)	\$24.80	\$26.46
CALCIUM, BLOOD CHEMICAL		\$8.00
CALCIUM, TOTAL	\$4.28	\$6.56
CAMPYLOBACTER ANTIBODY		\$18.20
CAMPYLOBACTER CULTURE	\$13.80	\$13.80
CANDIDA SKIN TEST		\$15.35
CANE THREE PRG W/TIP		\$43.13
CANE W/TIP		\$25.00
CAPREOMYCIN 1 GM INJ	\$63.00	\$63.00
CAPTOPRIL 25MG TABS #10	\$4.00	\$4.00
CARBAMAZEPINE TOTAL	\$11.00	\$18.52
CARBAMAZEPINE/TEGRETOL		\$38.00
CARBON DIOXIDE (CO2)	\$6.25	\$6.25
CARISORPRODOL 350MG #20		\$6.65
CASE MGMT @TOS		\$57.50
CASE MGMT F/U TO VISIT		\$57.50
CAST APPLIC-HAND&FOREARM	\$57.00	\$95.91
CAST APPLIC-LONG ARM	\$62.00	\$106.61
CAST APPLIC-SHORT ARM	\$53.00	\$95.05
CAST APPLIC-SHORT LEG	\$61.00	\$98.05
CAST APPLIC-SHRT LEG WALK	\$72.00	\$96.34
CAST MATERIAL /FIBER		\$24.00
CAST/SPLINT PROCEDURE		\$47.00
CAST SHOE	\$70.00	\$70.00
CAST WINDOWING	\$46.00	\$46.00
CATHETER URIN KIT FEMALE	\$100.00	\$100.00
CATHETER URIN KIT PEDS 5F	\$64.00	\$64.00
CATHETER URIN ROBINSON 16F	\$48.00	\$48.00
CATHETERIZE URETH SIMPLE	\$75.00	\$75.00
CAUERY W/SILVER NITRATE	\$38.00	\$38.00
CBC-COMPL BLD COUNT W/DIF	\$2.00	\$10.75
CBC-CMP BLD CT W/DIF STAT		\$17.13
CD INTERM VST 12-18M/EST		\$63.25
CDP CASE MANAGEMENT		\$57.50
CEA-CARCINOEMBRYONIC ANTG	\$29.00	\$29.00
CEFAZOLIN 500 MG/1GM INJ	\$0.00	\$28.00
CEPHALEXIN 500MG #30		\$12.45
CEPHALEXIN/KEFLEX 500MG #40	\$12.00	\$12.00
CERV BRIEF VISIT 6 MN/EST		\$34.50
CERV BRIEF VISIT 6 MN/NEW		\$36.80
CERV COMPREHENS VISIT/EST		\$132.25
CERV COMPREHENS VISIT NEW		\$134.55
CERV EXTEND VST 18-30/EST		\$84.00
CERV EXTEND VST 18-30/NEW		\$106.75

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
CERV INTERM VST 12-18/NEW		\$86.00
CERV INTERM VST 12-81/EST		\$63.25
CERV LIMITED VST 6-12/EST		\$55.20
CERV LIMITED VST 6-12/NEW		\$57.50
CERV MINIML SVC VISIT/EST		\$26.45
CERVICAL BIOPSY(S)	\$70.00	\$70.00
CERVICAL CAP	\$40.00	\$40.00
CERVICAL COLLAR SOFT	\$28.00	\$28.00
CERVICAL SPINE-3 VIEWS	\$52.90	\$52.90
CERVICAL SPINE-4+VIEWS	\$87.40	\$87.40
CERVICAL SPINE-7 VIEWS	\$112.70	\$112.70
CHALAZION EXCISION SINGLE	\$91.00	\$148.14
CHDP EXTEND VST 18-30/EST		\$84.00
CHEMISTRY PANEL SMA-25		\$15.30
CHEMISTRY PANEL/CBC/T4		\$14.38
CHEMZyme		\$15.30
CHEST 1 VIEW	\$35.65	\$35.65
CHEST 2VW+APICAL LORDTC	\$58.65	\$58.65
CHEST-2 VIEW+OBLIQUE	\$62.10	\$62.10
CHEST-2 VIEWS	\$52.90	\$52.90
CHEST-4 VIEWS	\$71.30	\$71.30
CHLAMYDIA CULTURE	\$6.00	\$22.15
CHLAMYDIA DFA		\$16.00
CHLAMYDIA DIRECT DFA		\$16.00
CHLAMYDIA-AMPLIF PROBE	\$45.00	\$45.00
CHLAMYDIA EIA	\$0.00	\$16.75
CHLORIDE BLOOD	\$4.85	\$5.84
CHLORIDE SERUM		\$7.00
CHOLESTEROL - HDL	\$10.00	\$11.35
CHOLESTEROL - TOTAL	\$4.73	\$7.00
CHOLESTEROL-HDL W/TOTAL		\$10.41
CHOLINESTERASE - PLASMA		\$14.89
CHOLINESTERASE - RBC	\$12.92	\$12.92
CHOLINESTERASE - SERUM	\$12.92	\$12.92
CHOLINESTERASE-PLASMA+RBC		\$12.92
CIPROFLOXACIN 250MG 1TAB	\$5.00	\$5.00
CIPROFLOXACIN 500MG #20	\$78.00	\$78.00
CIPROFLOXACIN 500MG 1TAB (Family Planning)	\$9.00	\$9.00
CIPROFLOXACIN 750 MG 1TAB	\$11.00	\$11.00
CIPROFLOXACIN 750MG #20	\$41.00	\$41.00
CLAVICAL STRAP/SPLINT-ADULT	\$43.00	\$43.00
CLAVICLE COMPLETE	\$43.70	\$43.70
CLAVICLE STRAP/SPLINT-CHILD	\$43.00	\$43.00
CLEOCIN CREAM	\$0.00	\$11.75
CLINDAMYCIN 300MG/2ML INJ	\$14.00	\$14.00
CLINDAMYCIN HCI 150MG CAP #30	\$27.00	\$27.00
CLINDAMYCIN PHOSPHATE 2%	\$11.75	\$11.75
CLINICAL BREAST EXAM		\$39.45
CLINICAL BREAST EXAM		\$27.60
CLONIDINE .1MG TAB	\$1.00	\$1.00
CLONIDINE .2MG TAB	\$0.00	\$1.00
CLOSTRIDIUM DIFFICILE TOXIN	\$47.75	\$47.75
CLOTRIMAZOLE VAG CR 45 GM	\$20.00	\$20.00
CMI SKIN TEST	\$56.35	\$56.35
CMV ANTIBODY IGG	\$18.59	\$19.85
CMV ANTIBODY IGM	\$17.64	\$21.41
CMV IFA (IGM/IGG)		\$18.59
COCCIDIOIDES ANTIBDS	\$17.63	\$17.63
COCCIDIOMYCOSIS SKIN TEST		\$11.70
COLLES SPLINT APPLIC		\$84.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
COLOR VISION EXAMINATION		\$21.00
COLPO W/BIOPS &ENDOCV CUR		\$120.00
COLPO&BIOPSY W/WO CURETAG	\$115.00	\$115.00
COLPOSCOPY	\$75.00	\$75.00
COLPOSCOPY PROCEDURE		\$85.00
COLPOSCOPY W/BIOPSY	\$84.60	\$99.06
COLPOSCOPY W/ENDOVC CURET	\$0.00	\$99.06
COMP METABOLIC PANEL (2211)	\$3.60	\$13.44
COMPAZINE 25MG SUPPOSITORY	\$7.00	\$7.00
COMPAZINE 5MG SUPPOSITORY	\$6.00	\$6.00
COMPAZINE 5MG/ML	\$47.00	\$47.00
COMPAZINE 25MGSSUPPOSITORY		\$7.00
CONDOMS (DOZEN)		\$17.24
CONDOMS - DOZEN FEMALE	\$25.50	\$25.50
CONDOMS - DOZEN MALE	\$6.00	\$17.24
CONTINUITY CHARGE		\$200.00
CONTRACEP B.C. PILLS 1 PKG	\$12.00	\$138.00
CONTRACEP B.C. PILLS 10 PKG	\$120.00	\$120.00
CONTRACEP B.C. PILLS 13 PKG	\$156.00	\$156.00
CONTRACEP B.C. PILLS 3 PKG	\$36.00	\$36.00
CONTRACEP B.C. PILLS 9 PKG	\$108.00	\$108.00
CONTRACEP FOAM &12CONDOMS	\$3.90	\$17.24
CONTRACEP GEL/CREAM W/APP	\$2.70	\$17.24
CONTRACEP NORPLANT KIT	\$0.00	\$1,520.00
CONTRACEPT EMERG KIT	\$0.00	\$21.78
CONTRACEPTIVE JELLY TUBE	\$0.00	\$25.00
CONTRACEPTIVE-PARAGARD IUD	\$118.86	\$345.00
CONTRACEPTIVE-DIAPHRAGM	\$6.90	\$58.00
CONTRACEPTIVE FILM-DOZEN	\$3.48	\$17.24
CONTRACEPTIVE FOAM-1 PKG	\$5.75	\$17.24
CONTRACEPTIVE GEL	\$2.70	\$17.24
CONTRACEPTIVE SUPPOS 10/BOX	\$4.30	\$17.24
CONTRACP DEPOPROVER 150MG	\$24.20	\$55.00
CORONARY RISK PROFILE		\$22.34
CORTISPORIN OTIC 10 ML		\$16.70
CPK/CK-CREATINE KINASE		\$9.10
C-REACTIVE PROTEIN	\$8.35	\$8.35
CREATINE KINASE, TOTAL	\$9.35	\$9.35
CREATININE - SERUM	\$2.50	\$6.12
CREATININE CLEARANCE	\$11.78	\$16.00
CREATININE, URINE	\$8.72	\$8.72
CRTPTOSPR/GIAR	\$16.00	\$16.00
CRUTCHES		\$45.00
CRUTCHES-ADULT	\$21.00	\$43.41
CRUTCHES-ADULT TALL	\$21.00	\$43.41
CRUTCHES-CHILD	\$19.00	\$43.41
CRYO (NONACNE)-1ST LESION	\$39.00	\$39.00
CRYO VULVAR LESN(S) EXTEN	\$181.00	\$181.00
CRYO VULVAR LESN(S) SIMP	\$107.00	\$107.00
CRYOSURGERY OF CERVIX	\$136.00	\$136.00
CRYOTHERAPY PENIS LESION(S)	\$76.00	\$80.06
CRYPTOCOCCAL ANTIGEN	\$11.50	\$20.35
CULTURE BACTERIAL-STOOL	\$17.00	\$17.00
CULTURE BACT-OTHER SOURCE	\$15.00	\$15.00
CULTURE BACTERIAL-BLOOD		\$14.50
CULTURE BACT-THROAT/NOSE		\$14.00
CYCLOSERINE 250 MG CAP#28	\$9.00	\$9.00
CYTOHISTOLOGIC STUDY		\$38.74
CYTOPATH C/V THIN LAYER		\$25.76
CYTOPATHOLOGY OTHER STUDY	\$18.00	\$36.74

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
CYTOPATHOLOGY SLIDE (PAP)	\$7.00	\$15.00
DARKFIELD/FADK		\$20.70
DEBRID SKIN FULL THICKNESS	\$190.00	\$190.00
DEBRID SKN-SUBQ	\$257.00	\$257.00
DEBRID SKN-SUBQ-MUSCL-BONE	\$257.00	\$257.00
DEBRIDE SKIN-SUBQ-MUSCL	\$190.00	\$190.00
DEBRIDEMENT WOUND	\$71.00	\$71.00
DECADRON ELIXIR 0.5MG/5ML	\$21.00	\$21.00
DENVER DEVELOP SCREENING	\$150.00	\$150.00
DEPO PROVERA-150 MG		\$66.42
DERMABOND	\$19.00	\$19.00
DESTRUCT 2-14 LESIONS		\$36.00
DESTRUCT FIRST LESION		\$58.00
DESTRUCT WART 1-14 LESION		\$58.00
DESTRUCT WART 15+ LSEIONS		\$36.00
DEXAMETHASONE 4MG/ML INJ	\$15.00	\$15.00
DIAPHRAGM		\$55.00
DIAPHRAGM FIT & INSTRUCT	\$55.00	\$55.00
DICLOXACILLIN 500MG #30		\$26.75
DIFFERENTL BLD COUNT-MAN		\$5.25
DIFLUCAN 150MG 1 TAB	\$16.50	\$16.50
DIGOXIN		\$18.35
DIGOXIN LEVEL	\$16.44	\$16.88
DILANTIN/PHENYTOIN		\$16.86
DILANTIN/PHENYTOIN;TOTAL	\$10.00	\$16.86
DIPHENHYDRAMINE 25MG #20		\$5.70
DIPHENHYDRAMINE 25MG #50		\$8.20
DOXYCYCLINE 100MG #14	\$11.00	\$11.00
DOXYCYLINE 100MG CAP		\$3.00
DOXYCYCLINE 100MG 2 CAPS	\$6.00	\$6.00
DRESS/DEBRID MED/LG ANES		\$245.00
DRESSING A-B-D 5X9IN STER	\$0.65	\$0.65
DRESSING PETRLOATM-SMALL	\$0.50	\$0.50
DRESSING PETROLATM-LARGE	\$0.65	\$0.65
DRESSING PETROLATM-MEDIUM	\$0.65	\$0.65
DRESSING TELFA 8X3	\$0.65	\$0.65
DRUG SCREEN-URINE #5(5731)		\$25.00
DTP-DIPHTER/TRTNUS/PERTUS		\$7.50
DTP/HIB(H.INFLUENZA B)VAC		\$7.50
EAR DRAIN EXTERN SIMPLE	\$84.00	\$84.00
EAR FOREGIN BODY REMOVAL	\$60.00	\$60.00
EAR IRRIGATION 1 OR BOTH	\$49.00	\$49.00
EAR WAX REMOVAL-CURRETTE	\$49.00	\$49.00
EIP INTERM VST 12-18M/EST		\$63.25
EIP PANEL #1		\$151.45
EKG PHYSICIAN STNDBY/30MN	\$155.00	\$155.00
EKG RESTING 12-LEAD	\$25.00	\$25.00
EKG TELEPHONIC TRANSMISSN		\$50.86
EKG TREADMILL	\$150.00	\$150.00
ELBOW COMPLETE 3+	\$52.90	\$52.90
ELBOW STRAP	\$15.00	\$15.00
ELBOW-2 VIEWS	\$41.40	\$41.40
ELECTROCARDIOGRAM-12 LEAD	\$41.05	\$41.05
ELECTROCARDIOGRAM-3 LEAD		\$15.00
ELECTRO CAUTERIZER		\$36.00
ELECTROLYTES PANEL	\$7.03	\$8.91
ELECTRLYTES-NA/K/CL		\$9.20
ENDOCERV CURET/BIOPS-PATH	\$18.00	\$70.00
ENDOMETR BIOPS W/WO EC BX	\$125.00	\$125.00
ENDOMETRIAL CURETTE	\$23.00	\$23.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
ENDOMETRIAL POLYP REMOVAL	\$50.00	\$50.00
EOSINOPHIL CT (NASAL)	\$7.00	\$7.00
EPINEPHRINE 1MG/ML INJ	\$12.00	\$12.00
EPSTEIN BARR VIR IGG/IGM		\$26.50
EPSTEIN BAR		\$26.50
EPSTN B VIR IGG/IGM (5607)	\$26.50	\$26.50
ERYTHROMYCIN 250MG #56TAB	\$13.85	\$13.85
ERYTHROMYCIN 250MG #28TAB		\$8.95
ERYTHROMYCIN 500MG #28TAB	\$11.25	\$11.25
ESTAB EYE EXAM/TREATMENT	\$66.00	\$66.00
ESTRADIOL	\$13.97	\$35.54
ETHAMBUTOL 100 MG 1MO		\$31.05
ETHAMBUTOL 400 MG 1MO		\$94.30
ETHAMBUTOL TAB 100MG #100	\$31.05	\$31.05
ETHAMBUTOL TAB 400 MG #90	\$94.30	\$94.30
ETHIONAMIDE 250MG #100	\$54.05	\$54.05
EVAC. SUBUNGUL HEMATOMA	\$130.00	\$130.00
EXAM OR TRTMENT ROOM		\$20.62
EXAM/TREATMENT ROOM USE		\$27.34
EXC BREAST LESN-EACH ADD		\$138.72
EXC OF BREAST LESION		\$276.59
EXCISION BREAST CYST(S)		\$242.33
EXTRA SUTURE PACKS		\$18.00
EYE IRRIGATING SOLN 120ML		\$4.15
EYE PACKET DRESSING	\$1.20	\$1.20
EYE PAD	\$0.65	\$0.65
EYE TRAY	\$18.00	\$18.00
EYELID CHALAZION EXC-SINGL	\$91.00	\$148.14
F/U HLTH ASSES ANTP 15M		\$29.00
F/U NUT ASSE ANTPRT 15M		\$29.00
F/U PSYCHO ASSE ANTP 15M		\$29.00
FACIAL BONES/ORBIT COMPLT		\$89.70
FACIAL BONES <3 VIEWS	\$52.90	\$52.90
FACIAL BONES COMPLETE 3>	\$107.00	\$107.00
FAMCICLOVAR TABLETS #30	\$106.53	\$106.53
FAT FECAL QUANTITATIVE	\$118.00	\$118.00
FB REMOVE-MUSCL/TNDN SIMP	\$162.00	\$162.00
FEMUR 2 VIEWS	\$52.90	\$52.90
FENCE SPLINT 2 X 16		\$2.25
FENCE SPLINT 4 X 16		\$2.70
FERRITIN	\$15.68	\$17.32
FERRITIN BY RIA		\$18.85
FERROUS SULFATE		\$6.90
FERROUS SULFATE 325MG TAB		\$3.00
FERROUS SULFATE 325MG#100	\$3.00	\$3.00
FINE NEEDLE ASPIR-BREAST		\$52.00
FINGER/THUMB SPLINT		\$7.00
FINGER(S) 2+VIEWS	\$31.05	\$31.05
FLAGYL 250MG #21		\$9.00
FLAGYL 250MG CAPS #21	\$9.00	\$9.00
FLAGYL 500MG #4		\$5.00
FLAGYL 500MG CAPS #14	\$7.00	\$7.00
FLAGYL 500MG CAPS #4	\$5.00	\$5.00
FLOURESCENT NONINFEC AB	\$12.45	\$13.98
FLUCONAZOLE 150MG TABLET		\$16.50
FOLEY CATH REMOVAL COMPLZ	\$115.00	\$115.00
FOLIC ACID SERUM	\$13.00	\$18.70
FOOT COMPLETE 3+VIEWS	\$77.05	\$77.05
FOOT-2 VIEWS	\$35.65	\$35.65
FOREARM-2 VIEWS	\$43.70	\$43.70

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
FP COMPREHENSIV VISIT/EST		\$132.25
FP COMPREHENSIV VISIT/NEW		\$134.55
FP EXTEND VST 18-30M/EST		\$84.00
FP CNSL 10 MIN INDIV M/F	\$12.00	\$12.00
FP CNSL 15 MIN MALE/FEMAL	\$15.00	\$15.00
FQHC VST AIDS EST LVL 1		\$310.00
FQHC VST AIDS EST LVL 2		\$310.00
FQHC VST AIDS EST LVL 3		\$310.00
FQHC VST AIDS EST LVL 4		\$310.00
FQHC VST AIDS EST LVL 5		\$310.00
FQHC VST AIDS NEW LVL 1		\$310.00
FQHC VST AIDS NEW LVL 2		\$310.00
FQHC VST AIDS NEW LVL 3		\$310.00
FQHC VST AIDS NEW LVL 4		\$310.00
FQHC VST AIDS NEW LVL 5		\$310.00
FQHC VST CD EST LVL 1		\$310.00
FQHC VST CD EST LVL 2		\$310.00
FQHC VST CD EST LVL 3		\$310.00
FQHC VST CD EST LVL 4		\$310.00
FQHC VST CD EST LVL 5		\$310.00
FQHC VST CD NEW LVL 1		\$310.00
FQHC VST CD NEW LVL 2		\$310.00
FQHC VST CD NEW LVL 3		\$310.00
FQHC VST CD NEW LVL 4		\$310.00
FQHC VST CD NEW LVL 5		\$310.00
FQHC VST CHDP EST LVL 1		\$310.00
FQHC VST CHDP EST LVL 2		\$310.00
FQHC VST CHDP EST LVL 3		\$310.00
FQHC VST CHDP EST LVL 4		\$310.00
FQHC VST CHDP EST LVL 5		\$310.00
FQHC VST CHDP NEW LVL 1		\$310.00
FQHC VST CHDP NEW LVL 2		\$310.00
FQHC VST CHDP NEW LVL 3		\$310.00
FQHC VST CHDP NEW LVL 4		\$310.00
FQHC VST CHDP NEW LVL 5		\$310.00
FQHC VST EIP EST LVL 1		\$310.00
FQHC VST EIP EST LVL 2		\$310.00
FQHC VST EIP EST LVL 3		\$310.00
FQHC VST EIP EST LVL 4		\$310.00
FQHC VST EIP EST LVL 5		\$310.00
FQHC VST EIP NEW LVL 1		\$310.00
FQHC VST EIP NEW LVL 2		\$310.00
FQHC VST EIP NEW LVL 3		\$310.00
FQHC VST EIP NEW LVL 4		\$310.00
FQHC VST EIP NEW LVL 5		\$310.00
FQHC VST FP EST LVL 1		\$310.00
FQHC VST FP EST LVL 2		\$310.00
FQHC VST FP EST LVL 3		\$310.00
FQHC VST FP EST LVL 4		\$310.00
FQHC VST FP NEW LVL 1		\$310.00
FQHC VST FP NEW LVL 2		\$310.00
FQHC VST FP NEW LVL 3		\$310.00
FQHC VST FP NEW LVL 4		\$310.00
FQHC VST IDC EST LVL 1		\$310.00
FQHC VST IDC EST LVL 2		\$310.00
FQHC VST IDC EST LVL 3		\$310.00
FQHC VST IDC EST LVL 4		\$310.00
FQHC VST IDC EST LVL 5		\$310.00
FQHC VST IDC NEW LVL 1		\$310.00
FQHC VST IDC NEW LVL 2		\$310.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
FQHC VST IDC NEW LVL 3		\$310.00
FQHC VST IDC NEW LVL 4		\$310.00
FQHC VST IDC NEW LVL 5		\$310.00
FQHC VST IMU EST LVL 1		\$310.00
FQHC VST IMU EST LVL 2		\$310.00
FQHC VST IMU EST LVL 3		\$310.00
FQHC VST IMU EST LVL 4		\$310.00
FQHC VST IMU EST LVL 5		\$310.00
FQHC VST IMU NEW LVL 1		\$310.00
FQHC VST IMU NEW LVL 2		\$310.00
FQHC VST IMU NEW LVL 3		\$310.00
FQHC VST IMU NEW LVL 4		\$310.00
FQHC VST IMU NEW LVL 5		\$310.00
FQHC VST PEDI EST LVL 1		\$310.00
FQHC VST PEDI EST LVL 2		\$310.00
FQHC VST PEDI EST LVL 3		\$310.00
FQHC VST PEDI EST LVL 4		\$310.00
FQHC VST PEDI EST LVL 5		\$310.00
FQHC VST PEDI NEW LVL 1		\$310.00
FQHC VST PEDI NEW LVL 2		\$310.00
FQHC VST PEDI NEW LVL 3		\$310.00
FQHC VST PEDI NEW LVL 4		\$310.00
FQHC VST PEDI NEW LVL 5		\$310.00
FQHC VST PERI EST LVL 1		\$310.00
FQHC VST PERI EST LVL 2		\$310.00
FQHC VST PERI EST LVL 3		\$310.00
FQHC VST PERI EST LVL 4		\$310.00
FQHC VST PERI EST LVL 5		\$310.00
FQHC VST PERI NEW LVL 1		\$310.00
FQHC VST PERI NEW LVL 2		\$310.00
FQHC VST PERI NEW LVL 3		\$310.00
FQHC VST PERI NEW LVL 4		\$310.00
FQHC VST PERI NEW LVL 5		\$310.00
FQHC VST STI EST LVL 1		\$310.00
FQHC VST STI EST LVL 2		\$310.00
FQHC VST STI EST LVL 3		\$310.00
FQHC VST STI EST LVL 4		\$310.00
FQHC VST STI EST LVL 5		\$310.00
FQHC VST STI NEW LVL 1		\$310.00
FQHC VST STI NEW LVL 2		\$310.00
FQHC VST STI NEW LVL 3		\$310.00
FQHC VST STI NEW LVL 4		\$310.00
FQHC VST STI NEW LVL 5		\$310.00
FQHC VST UC EST LVL 1		\$310.00
FQHC VST UC EST LVL 2		\$310.00
FQHC VST UC EST LVL 3		\$310.00
FQHC VST UC EST LVL 4		\$310.00
FQHC VST UC EST LVL 5		\$310.00
FQHC VST UC NEW LVL 1		\$310.00
FQHC VST UC NEW LVL 2		\$310.00
FQHC VST UC NEW LVL 3		\$310.00
FQHC VST UC NEW LVL 4		\$310.00
FQHC VST UC NEW LVL 5		\$310.00
FP CNSL 30 MIN FEMALE	\$25.00	\$25.00
FP CNSL 45 MIN FEMALE	\$35.00	\$35.00
FP CNSL GROUP M/F	\$10.00	\$10.00
FSH, SERUM	\$16.00	\$23.63
FUNGUS CULTURE-DEFINTV ID	\$18.50	\$18.50
FUNGUS CULTURE-SKIN/HR/NL	\$18.40	\$18.40
G6PD/GLUCOS-6-PHOSPH DEHY	\$13.44	\$16.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
GASTRIC LAVAGE (WASH)	\$40.20	\$49.57
GAUZE 1 X 8		\$0.65
GAUZE 2 X 5 YDS		\$0.65
GAUZE CLING 2X75IN STERIL	\$0.65	\$0.65
GAUZE CLING 3X57IN STERIL	\$43.00	\$43.00
GAUZE CLING 3X75IN STERIL	\$47.00	\$47.00
GAUZE CLING 4.5X147IN STL	\$0.65	\$0.65
GAUZE PACKING 1/4 X 5YDS	\$0.65	\$0.65
GAUZE PACKING-1 IN	\$33.00	\$33.00
GAUZE PACKING-1 IN IDOFRM	\$44.00	\$44.00
GAUZE PACKING-1/2 IN	\$29.00	\$29.00
GAUZE PACKING1/2IN IDOFRM	\$35.00	\$35.00
GAUZE PACKING-1/4 IN	\$18.00	\$18.00
GAUZE PACKING1/4IN IDOFRM	\$32.00	\$32.00
GAUZE SPGS 4X4 16PKSTERIL	\$41.00	\$41.00
GAUZE SPONG COVER 4X3 STL	\$0.65	\$0.65
GAUZE SPONGES 2 X 2 STER	\$0.65	\$0.65
GAUZE SPONGES 4X4 2PK STL	\$0.65	\$0.65
GEN HLTH PANEL/CBC (2402)	\$5.75	\$5.75
GENTAMICIN OP SOLN 5ML		\$12.90
GGT-GLUTAMYLTRANSFERASE	\$5.46	\$24.69
GI COCTAIL		\$25.00
GLUCOSE 2HR TOLER TEST	\$7.85	\$16.38
GLUCOSE BY MONT DEVICE	\$5.75	\$5.75
GLUCOSE QUANTITATIVE	\$4.41	\$4.99
GLUCOSE FASTING - PLASMA		\$5.45
GLUCOSE TOL BEVERAGE		\$0.80
GLUCOSE TOL, 1 HR(2 SPEC)		\$16.38
GLUCOSE TOL-4TH SPECIMEN		\$5.45
GLUCOSE TOL-5TH SPECIMEN		\$5.45
GLUCOSE TOL-6TH SPECIMEN		\$5.45
GLUCOSE TOL-ADD BEYOND 3		\$10.00
GLUCOSE TOLLER 3 SPECIMENS		\$16.38
GLUCOSE TOLER-1ST 3-SPEC		\$18.00
GLUCOSE-PLASMA		\$4.99
GLUCOSE- URINE DIPSTICK		\$4.50
GLUCOSE TOL-EA ADD BEYOND 3		\$10.00
GLUCOSE STICK/ACCUCHECK	\$6.00	\$6.00
GLUCOSE-POST GLUCOSE DOSE	\$3.10	\$5.82
GLYCOHEMOGLOBIN	\$6.50	\$12.35
GONORRHEA CULTURE	\$12.00	\$12.00
GONORRHEA-AMPLIF PROBE	\$45.00	\$45.00
GRAM STAIN	\$8.00	\$8.00
HAND-2 VIEWS	\$35.65	\$35.65
HAND-3 VIEWS>	\$50.60	\$50.60
HANDLING CHARGE/REF LAB	\$20.54	\$20.54
HCG BETA QUANTITATIVE		\$20.80
HCG BETA SUBUNIT/QUANT		\$16.18
HCG-BETA SUBUNIT/RIA QUAL		\$9.55
HEEL SPUR PAD-SHOE INSERT	\$18.00	\$18.01
HELICOBACTER PYLORI AB, IGM	\$31.25	\$31.25
HEMATOCRIT		\$6.35
HEMATOCRIT-OUTSIDE LAB		\$4.31
HEMOGLOBIN		\$5.36
HEMOGLOBIN & HEMATOCRIT	\$5.36	\$5.36
HEMOGLOBIN A1C		\$13.75
HEMOGLOBIN SICKLE SCREEN		\$6.67
HEMOGLOBIN/HEMOCUE	\$4.50	\$4.50
HEMOGRAM		\$5.15
HEP A VACCINE		\$80.82

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
HEP A ANTIBODY (HAAb)	\$17.58	\$17.58
HEP B CORE ANTIB (HBcAb)	\$17.50	\$17.50
HEP B CORE ANTIBODY-IGM	\$26.00	\$26.00
HEP B CORE ANTIB-IGG+IGM		\$16.70
HEP B SURF ANTIG (HBsAg)	\$6.00	\$13.13
HEP B SURFACE ANTIBODY	\$6.00	\$15.00
HEP C SURFACE ANTIBODY		\$25.00
HEP-A/HEP-B ADULT		\$117.58
HEP-B VAC IMMUNSUP/DIALYS		\$57.48
HEP-B VAC.5MCG SUP/20+YRS		\$30.71
HEPATITIS A & B PANEL		\$32.00
HEPATIC FUNCTION PANEL	\$10.85	\$10.85
HEPATITIS A AB	\$18.00	\$18.00
HEPATITIS A ANTIBODY-IGM	\$14.80	\$15.60
HEPATITIA A&B PANEL (3416)		\$30.00
HEPATITIS A IGM	\$15.00	\$15.00
HEPATITIS B CORE ANTIBODY	\$18.00	\$18.00
HEPATITIS B CORE IGM	\$18.00	\$18.00
HEPATITIS B SURF ANTIBODY	\$16.00	\$16.00
HEPATITIS B SURF ANTIGEN	\$16.00	\$16.00
HEPATITIS BE ANT (HBeAb)	\$16.80	\$16.80
HEPATITIS C AMPLIF PROBE	\$69.00	\$69.00
HEPATITIS C ANTIBODY	\$25.00	\$21.00
HEPATITIS C RNA QUANT	\$99.00	\$99.00
HEPATITIS D ANTIBODY		\$23.75
HEPATITIS DELTA AGENT	\$48.76	\$48.76
HEPATITIS PANEL		\$62.00
HEPATITIS PANEL (ABC) 6825	\$62.00	\$62.00
HERPES ANTI-VIRUS IGG		\$15.76
HERPES ANTI-VIRUS IGM		\$19.41
HERPES CULTR 1 VS 2 IDENT	\$21.00	\$21.00
HERPES CULTURE	\$39.00	\$39.00
HERPES DFA VIRUS TYPE 1		\$16.00
HERPES DFA VIRUS TYPE 2		\$16.00
HERPES SIMP ANTIBODY		\$20.16
HERPES SIMP ANTIBODY,IGM	\$20.16	\$20.16
HETEROPHILE ANT (MONO)	\$6.46	\$6.58
HGB ELECTROPHORESIS	\$14.82	\$19.75
HHA-CASE EVAL&INIT TRTMNT		\$34.65
HHA-MNTHLY EVAL&EXT TRTMN		\$17.47
HI PYLORI AB,IGG		\$22.00
HIB VAC/CHILD STATE	\$9.00	\$9.00
HIP UNILAT 1 VIEW	\$44.85	\$44.85
HIP UNILAT COMPLETE 2VW>	\$62.10	\$62.10
HISTOPLASMA ANTIBODY	\$18.40	\$18.40
HIV ANTIGEN/P-24 ANTIGEN		\$24.40
HIV ANTIGEN/P-24 ANTIGEN		\$75.00
HIV GENOTYPE ANALYSIS	\$442.98	\$442.98
HIV PANEL I		\$14.55
HIV PANEL II		\$46.22
HIV PANEL IIIA		\$104.65
HIV PANEL IIIB		\$17.72
HIV PANEL IV		\$79.39
HIV Genotype Analysis	\$787.60	\$787.60
HIV-1 ANTIBODY	\$16.00	\$16.00
HIV-1 ANTIGEN/P	\$62.50	\$62.50
HIV-1 QUANT (7805)	\$74.00	\$74.00
HLTH ED ORIENT EA 15 M		\$67.00
HTLV/HIV ANTIBODY CONFIRM	\$34.50	\$34.50
HYDROCORTISONE 1% CR 30GM		\$7.15

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
HUMERUS-2 VIEWS>	\$43.70	\$43.70
I&D BARTHOLIN GLAND	\$102.00	\$102.00
I&D PILONIDAL CYST	\$80.00	\$80.00
I&D PILONIDALCYST W/DRAIN	\$90.00	\$90.00
I&D SUBUNGUAL HEMATOMA	\$26.00	\$26.00
IBUPROFEN 200MG #50		\$6.90
IBUPROFEN 600MG #30		\$9.15
IBUPROFEN 800 MG #30		\$11.25
IBUPROPHEN ELXIR 5MG/KG	\$32.00	\$32.00
ICE PACK DISPOSABLE	\$8.00	\$8.00
IDC INTERM VST 12-18M/EST		\$63.25
IMMOBLIZER KNEE	\$92.00	\$92.00
IMMUNOASSAY INFECTIOUS AB		\$22.00
IMMUNOCOMPETENCY PANEL		\$57.51
IMU INTERM VST 12-18M/EST		\$63.25
IMMUNE GLOBULIN ISG	\$14.95	\$14.95
INC SOFT TISS ABCESS/CMPX	\$260.00	\$260.00
INC SOFT TISS ABCESS/SUPF	\$46.00	\$81.35
INCIS THROMBOS HEMORRHOID	\$106.00	\$219.64
INFECTIOUS MONO		\$12.95
INFECTIOUS MONO/AB SCREEN		\$7.15
INFLUENZA VAC ADMIN		\$6.60
INFLUENZA VACCINE STATE		\$5.00
INI HLTH ED ASSES/DEV 15M		\$43.00
INI NUT ASSES/DEV SM 15M		\$43.00
INIT COMP PERI / 16 WKS		\$155.00
INIT HLTH ED ASSES/DEV		\$106.00
INIT NUT ASSES/DEV		\$106.00
INIT PSYCHO ASSES/DEV		\$106.00
INIT PSYCHO ASSES/DEV 15 M		\$43.00
INITIAL NUTR/PSY/HLTH ED		\$106.00
INTR-UTER DEV-LIPPES LOOP		\$9.60
INJECT TRIG PT/GANGLION	\$46.00	\$52.66
INJECTION TESTOSTERONE	\$13.00	\$13.00
INTRA-UTER DEV COPPER-7		\$16.65
INTRA-UTER DEV SAF-T-COIL		\$6.05
IPECAC SYRUP 30ML		\$4.00
IRON BINDING CAP	\$6.25	\$9.15
IRON SERUM TOTAL	\$6.30	\$8.95
IRRG NORM SALINE 1000ML	\$28.00	\$28.00
IRRG STERILE WATER 1000ML	\$28.00	\$28.00
ISONIAZID TAB 100MG #100	\$9.70	\$9.70
ISONIAZID TAB 100MG #30	\$5.75	\$5.75
ISONIAZID TAB 300MG #100	\$12.65	\$12.65
ISONIAZID TAB 300MG #30	\$6.65	\$6.65
IUD INSERTION	\$75.00	\$75.00
IUD REMOVAL	\$75.00	\$75.00
IV CATH 16-24CM PROTECATH	\$8.00	\$8.00
IV SET BUTTERFLY 21-25 GA	\$5.00	\$5.00
IV SET BUTTERFLY 21-25 GA	\$5.00	\$5.00
IV SOLUTION-1ST 1000CC	\$28.00	\$28.00
IV SOLUTN-EACH ADD 1000CC	\$7.00	\$8.05
IV START KIT	\$45.00	\$45.00
IV TUBING	\$28.00	\$28.00
IV TUBING SECONDARY	\$9.00	\$9.00
KANAMYCIN 500 MG INJ	\$34.00	\$34.00
KENALOG INJ 40 MG	\$0.00	\$25.00
KETOROLAC INJ 60 MG	\$33.00	\$33.00
KNEE SUPPORT		\$83.59
KNEE ONE OR TWO VIEWS	\$40.25	\$40.25

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
KNEE-3 VIEWS	\$57.50	\$57.50
KOH SLIDE SKIN/TISSUE	\$8.00	\$8.00
L.E. LATEX		\$14.10
LACI FACE/EAR/MUC 7.6-12.5	\$370.00	\$370.00
LACI FACE/EAR/MUCM 12.6-20	\$555.00	\$555.00
LACI FACE/EAR/MUCM5.1-7.5	\$236.00	\$236.00
LACI FACE/EAR/MUCMEM <2.6	\$135.00	\$135.00
LACI FACE/EAR/MUCMEM2.6-5	\$185.00	\$185.00
LAC-I FACE/EARS ,2.6-5 CM	\$177.00	\$177.00
LAC-I FACE/EARS <,2.6 CM	\$159.00	\$159.00
LAC-I FACE/EARS >30 CM	\$499.00	\$499.00
LAC-I FACE/EARS >30CM	\$499.00	\$499.00
LAC-I FACE/EARS 12.6-20	\$338.00	\$338.00
LAC-I FACE/EARS 20.1-30	\$431.00	\$431.00
LAC-I FACE/EARS 5.1-7.5	\$223.00	\$223.00
LAC-I FACE/EARS 7.6-12.5	\$263.00	\$263.00
LAC-I H&F/NK/GEN <2.6CM	\$385.00	\$385.00
LAC-I H&F/NK/GEN >30 CM	\$385.00	\$395.61
LAC-I H&F/NK/GEN 12.6-20	\$266.00	\$266.00
LAC-I H&F/NK/GEN 2.6-7.5	\$173.00	\$173.00
LAC-I H&F/NK/GEN 20.1-30	\$326.00	\$326.00
LAC-I H&F/NK/GEN 7.6-12.5	\$223.00	\$223.00
LAC-I NK/H58088831N12.6-2		\$286.00
LAC-I NK/HND/FT/GEN<2.6CM	\$118.00	\$118.00
LAC-I NK/HND/FT/GEN12.6-20	\$286.00	\$266.00
LAC-I NK/HND/FT/GEN2.6-7.5	\$168.00	\$168.00
LAC-I NK/HND/FT/GEN20.1-30	\$387.00	\$387.00
LAC-I NK/HND/FT/GEN7.6-12.5	\$219.00	\$219.00
LAC-I SCLP/TRK/LMB <2.6CM	\$101.00	\$101.00
LAC-I SCLP/TRK/LMB 12.6-20	\$235.00	\$235.00
LAC-I SCLP/TRK/LMB 2.6-7.5	\$135.00	\$135.00
LAC-I SCLP/TRK/LMB 20.1-30	\$303.00	\$303.00
LAC-I SCLP/TRK/LMB7.6-12.5	\$185.00	\$185.00
LAC-I TRK/ARM&LEG <2.6 CM	\$136.00	\$136.00
LAC-I TRK/ARM&LEG >30 CM	\$362.00	\$362.00
LAC-I TRK/ARM&LEG 12.6-20	\$247.00	\$247.00
LAC-I TRK/ARM&LEG 2.6-7	\$156.00	\$156.00
LAC-I TRK/ARM&LEG 20.1-30	\$303.00	\$303.00
LAC-I TRK/ARM&LEG7.6-12.5	\$206.00	\$206.00
LAC-S BDY/SCLP/NK >30 CM	\$288.00	\$323.68
LAC-S BDY/SCLP/NK 12.6-20	\$200.00	\$200.00
LAC-S BDY/SCLP/NK 20.1-30	\$261.00	\$261.00
LAC-S BDY/SCLP/NK7.6-12.5	\$157.00	\$157.00
LAC-S BODY/SCLP/NK <2.6CM	\$60.00	\$80.49
LAC-S BODY/SCLP/NK12.6-20	\$168.00	\$168.00
LAC-S BODY/SCLP/NK2.6-7.5	\$80.00	\$85.63
LAC-S BODY/SCLP/NK20.0-30	\$235.00	\$235.00
LAC-S BODY/SCLP/NK7.6-12.5	\$136.00	\$136.00
LAC-S FACE/EARS <2.6 CM	\$100.00	\$100.00
LAC-S FACE/EARS >30 CM	\$448.00	\$448.00
LAC-S FACE/EARS 12.6-20	\$370.00	\$370.00
LAC-S FACE/EARS 2.6-5 CM	\$134.00	\$134.00
LAC-S FACE/EARS 20.1-30	\$359.00	\$359.00
LAC-S FACE/EARS 5.1-7.5	\$185.00	\$185.00
LAC-S FACE/EARS 7.6-12.5	\$236.00	\$236.00
LAC-S SUPFC WIND CLS>30CM		\$338.00
LACX SCLP/ARM/LEG 2.6-7.5	\$387.00	\$387.00
LACX SCLP/ARM/LEG 1.1-2.5	\$252.00	\$252.00
LACX TRUNK 1.1-2.5 CM	\$135.00	\$135.00
LACX TRUNK 2.6-7.5 CM	\$269.00	\$269.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
LANCET DEVICE		\$14.25
LDH ISOENZYMES	\$20.00	\$20.00
LDH-LACTATE DEHYDROGENASE	\$6.38	\$10.00
LE CELL PREP		\$18.90
LE-LATEX		\$12.95
LEAD	\$21.50	\$21.50
LEAD BLOOD	\$15.00	\$15.39
LEAD-URINE		\$18.25
LESN FACE/MUC MEMB <.6CM	\$84.00	\$84.00
LESN FACE/MUC MEMB 1.1-2	\$129.00	\$129.00
LESN FACE/MUC MEMB 2.1-3	\$169.00	\$169.00
LESN FACE/MUC MEMB 3.1-4	\$222.00	\$222.00
LESN FACE/MUC MUMB .6-1CM	\$111.00	\$111.00
LESN HEAD/HD&FT/GEN <.6CM	\$74.00	\$74.00
LESN HEAD/HD&FT/GEN 1.1-2	\$117.00	\$117.00
LESN HEAD/HD&FT/GEN 2.1-3	\$146.00	\$146.00
LESN HEAD/HD&FT/GEN 3.1-4	\$172.00	\$172.00
LESN HEAD/HD&FT/GEN.6-1CM	\$103.00	\$103.00
LESN TRK/ARM/LEG .6-1CM	\$90.00	\$90.00
LESN TRK/ARM/LEG <.6CM	\$66.00	\$66.79
LESN TRK/ARM/LEG 1.1-2CM	\$108.00	\$108.00
LESN TRK/ARM/LEG 2.1-3CM	\$130.00	\$130.00
LESN TRK/ARM/LEG 3.1-4CM	\$147.00	\$147.00
LIDOCAINE HCL 1%	\$12.00	\$12.00
LIDOCAINE HCL 2%	\$12.00	\$12.00
LIDOCAINE HCL W/EPI 1%	\$39.00	\$39.00
LIDOCAINE HCL W/EPI 2%	\$41.00	\$41.00
LIDANE/KWELL 60ML LOTION		\$7.00
LINDANE/KWELL 60ML SHMPOO		\$7.00
LIPID PANEL (2806)	\$10.75	\$15.96
LIPID PANEL (5050)	\$10.75	\$15.96
LIPID PHENOTYPE PROFILE		\$18.55
LIQUID NITROGEN		\$16.00
LITHIUM	\$5.00	\$9.20
LIVER FUNCTION EVAL #96		\$6.74
LIVER PROFILE		\$10.85
LO/OVRAL 1 PKT		\$25.00
LUMBAR SPINE 2 OR 3 VIEWS	\$62.10	\$62.10
LUMBAR SPINE 4 VW>	\$108.10	\$108.10
LUMBAR SPINE BENDING 4>	\$69.00	\$69.00
LUMBAR SPINE COMP W/BEND	\$135.70	\$135.70
LUMBOSACRAL SUPP 12-14IN	\$159.00	\$159.00
LUNELLE INJ	\$0.00	\$34.62
LUTENIZING HORMONE (LH)	\$22.52	\$23.55
LYTREN 8 OZ (PEDIALYTE)		\$7.00
MACRODANTIN 100MG #28		\$30.25
MACRODANTIN 50MG #28		\$15.40
MAMMOGRAPHY BILAT-2 VIEWS		\$104.29
MAMMOGRAPHY UNILAT		\$85.54
M AVIUM ID-DIRECT PROBE	\$34.00	\$34.00
MAXITROL OP SOL 5ML		\$10.63
M GORDONI ID-DIRECT PROBE	\$34.00	\$34.00
M KANSASI ID-DIRECT PROBE	\$34.00	\$34.00
M TB IDENT-DIRECT PROBE	\$34.00	\$34.00
MANDIBLE COMPLETE 4VW>	\$86.25	\$86.25
MASTOID <3 VW PER SIDE	\$28.75	\$29.88
MASTOIDS COMPLETE 3VW>	\$107.00	\$107.00
MDI ALBUTEROL	\$8.00	\$8.00
MDI SPACER	\$27.00	\$27.00
MEASLES VACCINE		\$54.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
MEDICAL SOCIAL SERVICES	\$98.00	\$110.65
MERCURY QUANTITATIVE TEST		\$48.50
METAPROTERENOL SULF 0.6%		\$7.00
METHOCARBAMOL 750MG #20		\$19.70
METHYLPRENISOLONE 4MG #21		\$15.69
METROGEL 0.75%	\$48.65	\$48.65
MI BRIEF VISIT 6 MIN/EST		\$34.50
MI BRIEF VISIT 6 MIN/NEW		\$36.80
MI INTERM VST 12-18M/EST		\$63.25
MI INTERM VST 12-18M/NEW		\$86.00
MI LIMITED VST 6-12M/EST		\$55.20
MI LIMITED VST 6-12M/NEW		\$57.50
MI MINIMAL SVC VISIT/EST		\$26.45
MICONAZOLE-7 VAG CR	\$28.00	\$28.00
MICORALBUMEN, QNT, URINE	\$4.56	\$7.36
MIM SERV ESTB PT		\$26.45
MIRENA IUD	\$0.00	\$431.54
MONO TEST		\$6.58
MONOFILAMENT TEST-FEET	\$135.00	\$141.62
MOTRIN 100MG/5ML		\$11.00
MR-MEASLES&RUBELLA BOOSTR		\$25.44
MR-MEASLES/RUBELLA,LIVE		\$25.44
MUMPS ANTIBODY - IGG	\$30.00	\$30.00
MUMPS VACCINE		\$62.00
MYCOLOG CREAM 15GM TUBE		\$6.00
MYCOLOG OINT 30 GM TUBE		\$11.00
NAIL AVULSION 1	\$78.00	\$78.00
NAIL AVULSION EA ADD NAIL	\$35.00	\$35.00
NAIL DEBRIDEMENT 1-5	\$25.00	\$25.00
NAIL DEBRIDEMENT 6+	\$40.00	\$40.00
NAIL INGROWN WEDGE EXCISN	\$100.00	\$100.00
NAIL TRIMMING-ANY NUMBER	\$25.00	\$25.00
NAPROXEN 500MG #30		\$37.85
NASAL BONES 3VW>	\$54.05	\$54.05
NEB AEROSOL TB	\$17.00	\$17.00
NEB-ALBUTEROL SULFAT .083%	\$6.00	\$6.00
NEB-ALUPENT/METAPRTOR .6%	\$7.00	\$7.00
NEB-NORMAL SALINE 5CC	\$5.00	\$5.00
NEB-OXYGN TUBING W/MOUTH P	\$38.00	\$38.00
NEBULIZER (IPPB)		\$36.00
NEBULIZER TREATMENT-INITIAL	\$36.00	\$36.00
NEBULIZER TREATMNT-SUBSEQ	\$25.00	\$25.00
NEBULIZER (IPPB) SUBSEQUENT		\$25.00
NECK SOFT TISSUE	\$35.65	\$35.65
NEEDLE BIOPSY OF BREAST		\$87.34
NEG PT LEVEL 1 EST		\$29.00
NEG PT LEVEL 1 NEW		\$43.00
NEOSPORIN OPTH SOLN 10ML		\$19.85
NEOSPORIN TOP OINT 30GM		\$6.45
NEUPOGEN 300MCG INJ		\$36.00
NEW EYE EXAM/TREATMENT		\$82.00
NEWBORN SCREENING-3 TESTS		\$40.00
NITROFURANTOIN 100MG #14	\$0.00	\$23.45
NITROFURANTOIN 100MG #28	\$23.45	\$23.45
NITROFURANTOIN 50MG	\$12.20	\$12.20
NITROPATCH .2MG EACH	\$43.00	\$43.00
NITROSTAT .4MG SUBLING	\$1.00	\$1.00
NORFLOX/NOROXIN 400MG TABS	\$15.00	\$15.00
NORPLANT INSERTION	\$75.00	\$75.00
NORPLANT KIT	\$472.00	\$472.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
NORPLANT REMOV W/REINSERT	\$160.00	\$160.00
NORPLANT REMOVAL ONLY	\$140.00	\$140.00
NOSEBLEED ANT SIMPLE	\$58.00	\$62.94
NOSE FOREGIN BODY REMOVAL		\$64.65
NUTR ANT FOL-UP VISIT	\$106.00	\$106.00
NUTR ANT HEALTH ED/15MN	\$29.00	\$29.00
NUTR ANT NUTRITION/15MN	\$29.00	\$29.00
NUTR ANT PSYCHOSOC/15MN	\$29.00	\$29.00
NUTR ANT VST 10TH & SUBSEQ	\$63.00	\$130.25
NUTR COUNSELING 1HR	\$135.00	\$135.00
NUTR COUNSELING 30MIN	\$84.00	\$84.00
NUTR GROUP ED 1 hr	\$42.00	\$42.00
NUTR GROUP ED 2 HOURS		\$63.00
NUTR GROUP PER 15MIN	\$29.00	\$29.00
NUTR HLTH ED GP PER15 MN	\$29.00	\$29.00
NUTR HLTH ED INIT VST30MN	\$106.00	\$106.00
NUTR HLTH ED INIT VSTADD15	\$43.00	\$43.00
NUTR HLTH ED ORENT PER15MN	\$67.00	\$67.00
NUTR PERNTAL ED GRP PER 15	\$29.00	\$29.00
NUTR PERNTAL ED IND PER15	\$29.00	\$29.00
NUTR PREN INIT VISIT-EPC	\$155.00	\$155.00
NUTR PREN INIT VSTW/IN16WK	\$155.00	\$155.00
NUTR PREN VISIT INIT	\$155.00	\$155.00
NUTR PSTPRT FOL-UP VISIT	\$63.00	\$69.55
NUTR PSTPRT HLTH ED PER 15	\$29.00	\$29.00
NUTR PSTPRT PER 15MN	\$29.00	\$29.00
NUTR PSTPRT PSYSOC PER15M	\$29.00	\$29.00
NUTR PSY/HLTH ASSES-30MN	\$106.00	\$156.20
NUTR PSYSOC INIT VST-30MIN	\$106.00	\$106.00
NUTR PSYSOC INIT VSTADD 15	\$43.00	\$43.00
NUTR PSYSOCIAL GRPPER15MN	\$29.00	\$29.00
NUTR VISIT INIT 30MIN	\$106.00	\$106.00
NUTR VISIT INIT ADD15MIN	\$43.00	\$43.00
NUVA RING		\$45.00
O & P CONC+ID-DIREC	\$17.25	\$17.25
O & P TRICHROME STAIN	\$20.00	\$46.97
OBSTETRIC PANEL (5704)	\$22.26	\$43.69
OBSTETRIC PANEL (7522)	\$25.00	\$43.69
OCCIPITAL NERVE BLOCK	\$100.00	\$100.00
OCCULT BLOOD	\$5.00	\$5.00
OCCULT BLOOD - FECES		\$5.00
OFLOXACIN 200MG 1 TAB	\$5.00	\$5.00
OFLOXACIN 400MG 1 TAB	\$10.00	\$10.00
ORTHO EVRA PATCH		\$15.00
OS CALCIS 2VW>	\$40.25	\$40.25
OVA & PARASITE DIRECT		\$10.00
OXYGEN - NASAL CANNULA	\$34.00	\$34.00
OXYGEN MASK - TUBING	\$46.00	\$46.00
OXYGEN PER 1/2 hr	\$21.00	\$21.00
PAP SMEAR		\$13.43
PARAGARD CONTRCEPTIVE		\$301.07
PARASITOLOGY FA		\$11.81
PARTIAL THROMBOPLASTN	\$3.60	\$7.64
PC EXTEND VST 18-30M/EST		\$84.00
PDI INTERM VST 12-18M/EST		\$63.25
PEAK FLOW METER DISP	\$115.00	\$115.00
PEDIALYTE 6 OZ	\$7.00	\$7.00
PEDIARIX, DTAP/HEPB/IPV		\$173.90
PELVIC TRAY		\$18.00
PELVIS 1 OR 2 VIEWS	\$54.05	\$54.05

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
PELVIS COMPLETE 3VW>	\$71.30	\$71.30
PENICILLIN G BENZATHINE	\$6.75	\$7.94
PENICILLIN VK 500MG #28		\$6.80
PENIS LESION REMOV-CHEM	\$74.00	\$74.00
PENTAMIDINE 300 MG		\$248.00
PERI EDU GP 15 M PER PT		\$29.00
PERI EDU INDIV EA 15 M		\$29.00
PG INTERM VST 12-18M/EST		\$63.25
PHENOBARBITAL	\$11.20	\$15.80
PHN-CASE EVAL&INIT TRTMNT	\$28.00	\$34.65
PHN-MNTHLY EVAL&EXT TRTMN	\$14.00	\$17.47
PHOSPHOROUS-URINE	\$5.36	\$10.27
PINWORMS	\$10.00	\$10.00
PIP CHLAMYDIA		\$44.62
PIP EST ADULT PHYS 19-39		\$25.00
PIP EST ADULT PHYS 40-64		\$25.00
PIP EST ADULT PHYS 65+		\$25.00
PIP NEW ADULT PHYS 19-39		\$25.00
PIP NEW ADULT PHYS 40-64		\$25.00
PIP NEW ADULT PHYS 65+		\$25.00
PIP PAP		\$25.00
PIP PREGNANCY 1ST TRI		\$400.00
PIP PREGNANCY 2ND TRI		\$300.00
PIP PREGNANCY 3RD TRI		\$200.00
PIP PREGNANCY POSTPART		\$69.55
PLAN B		\$23.00
PLATELET COUNT	\$4.85	\$6.00
PLETHYSMOGRAPHY TOT BODY	\$55.00	\$55.00
PNEUMOCYST	\$16.00	\$16.00
PNEUMOCYSTIS CULTURE		\$8.00
PODOPHYLLIN 25% 1 APP 30 ML	\$55.00	\$55.00
POLIO - ORAL STATE		\$7.50
PORT-A-CATH 20G X 5/8IN	\$47.00	\$47.00
PORT-A-CATH NDL 20GX1/2IN	\$14.00	\$14.00
PORT-A-CATH NDL 22GX1/2IN	\$0.00	\$14.00
POST OP SHOE		\$33.00
POST RABIES TRTMNT W/HDCV		\$58.65
POST RABIES TRTMNT W/RIG		\$241.50
POSTERIOR SPLINT APPL		\$101.00
POTASSIUM SERUM	\$4.28	\$7.00
PREALBUMEN, SERUM	\$24.84	\$24.84
PRE NDL PLCMNT-EA AD LESN		\$43.24
PREGNANCY TEST MONOCLONAL		\$10.40
PREGNANCY TEST QUAL	\$5.65	\$9.55
PREGNANCY TEST QUAN	\$14.50	\$16.18
PREGNANCY TEST-URINE	\$9.00	\$9.00
PREGNANCY TEST-BLD-QUAL		\$10.40
PREGNANCY TEST-BLD-QUAN		\$16.18
PREGNANCY TST URINE-REF LAB		\$7.56
PRENATAL PANEL III		\$21.00
PRENATAL SCREEN		\$18.45
PRENATAL VITAMINS #100	\$9.00	\$9.00
PRENATAL VITAMINS #300	\$21.60	\$21.60
PREOP PLCMNT NDL BRST S&I		\$54.00
PREOP PLCMNT NDLE BREAST		\$114.75
PREVIN		\$21.78
PRIMARY CARE		\$1.75
PRIMIDONE/MYSLIN	\$16.15	\$21.09
PRIMIDONE/MYSLIN ANTICONV		\$23.00
PROBENECID TAB 500MG #60	\$31.99	\$31.99

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
PROCHLORPERAZN INJ 5MG/ML	\$14.00	\$14.00
PROGESTERONE LEVEL	\$0.00	\$26.52
PROLACTIN - SERUM	\$6.00	\$26.80
PROMETHAZINE SYRUP 5 ML		\$3.00
PROMETHAZINE INJ 25 MG/ML IM	\$13.00	\$13.00
PROTEIN TOTAL	\$6.65	\$6.65
PROTEIN TOTAL A/G RAT PNL	\$6.65	\$6.65
PROTEIN TOTAL SERUM (A/G)		\$7.25
PROTHROMBIN TIME	\$2.25	\$4.99
PROVERA 10MG TABS #9	\$11.00	\$11.00
PSA FREE	\$11.00	\$23.39
PSA TOTAL	\$11.00	\$23.39
PSA-PROSTATE SPECIFIC ANTGN		\$30.00
PSYCH TESTING CNTR 1&2	\$160.00	\$160.00
PSYCHIATRIC INTERVIEW	\$84.00	\$84.28
PSYCHOLOGCL TSTNG CNTR 3		\$200.00
PT-PROTHROMBIN TIME		\$5.45
PTT-PARTIAL THROMBOPLASTN		\$10.00
PULSE OXIMETRY MULTIPLE	\$38.00	\$38.00
PULSE OXIMETRY SPOT CHECK	\$22.00	\$22.00
PYRAZINAMID TAB 500MG #30	\$41.40	\$41.40
PYRAZINAMIDE TAB 500MG#100	\$147.00	\$147.00
RA LATEX RHUMATOID FACTOR		\$7.75
RABIES ANTIBODY	\$18.90	\$18.90
RABIES IMMUN GLOB 10 ML	\$219.65	\$219.65
RABIES IMMUN GLOB 12 ML	\$262.20	\$262.20
RABIES IMMUN GLOB 2 ML	\$49.45	\$49.45
RABIES IMMUN GLOB 4 ML	\$90.00	\$90.00
RABIES IMMUN GLOB 6 ML	\$134.55	\$134.55
RABIES IMMUN GLOB 8 ML	\$177.10	\$177.10
RABIES VACCINE IM-1 ML	\$302.00	\$302.00
RADIOLOG EXAM BRST SPECMN		\$32.07
REDUC 1 JOINT W/O ANEST		\$491.00
REDUC 1 JOINT WITH ANEST		\$491.00
REDUC SHLDR W/O ANEST		\$599.00
REDUC SHLDR WITH ANEST		\$599.00
REM FB CORNEA W/O WDSLAMP	\$46.00	\$46.00
REM FB CORNEA W/WDSLAMP	\$62.00	\$62.00
REM FB EMBEDDED SUBCONJ	\$46.00	\$134.86
REM FP EXT/CONJUNCTIVAL	\$42.00	\$42.00
REMOVAL SKINTAGS (TO 15)		\$78.00
RESPIRIGUARD II		\$8.05
RETICULOCTE		\$6.50
RETICULOCTE COUNT	\$6.50	\$6.50
RH TITER (DIRECT COOMBS)	\$10.13	\$10.13
RHEUMATOID FACTOR	\$8.19	\$8.19
RHO(D) IMMUNE GLOBULIN		\$63.00
RHOGAM IM		\$63.00
RIB BELT	\$18.00	\$18.00
RIBS BILATERAL 3VW	\$79.35	\$79.35
RIBS UNILATERAL 2VW	\$65.55	\$65.55
RIFAMATE CAPS #60	\$34.50	\$34.50
RIFAMPIN 150MG CAPS #100	\$84.00	\$84.00
RIFAMPIN 300 MG CAPS #60	\$33.35	\$33.35
RIFAMATE 300MG 1 MO		\$34.50
RIFAMPIN 150MG 1 MO		\$84.00
ROCEPHIN 1 GM	\$97.00	\$97.00
ROCEPHIN 125 MG	\$20.00	\$23.14
ROCEPHIN 250 MG INJ	\$39.00	\$39.00
ROOM & BOARD <24 HOURS		\$46.87

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
RSV/FA	\$24.84	\$24.84
RUBELLA ANTIBODY	\$7.79	\$19.85
RUBELLA VACCINE		\$57.00
RUBELLA IGM	\$15.00	\$17.66
RUBEOLA ANTIBODY	\$23.94	\$23.94
RUST STAIN REMOVAL	\$78.00	\$78.00
SACROLIAC JTS 2VW>	\$71.30	\$71.30
SACRUM & COCCYX 2VW>	\$57.50	\$57.50
SCAPULA COMPLETE	\$52.90	\$52.90
SCOLIOSIS/SUPINE & ERECT	\$52.90	\$52.90
SCREEN MAMMOGRAPHY BILAT		\$77.63
SCREENING CLINIC		\$85.00
SEDIMENTATION RATE	\$2.00	\$4.95
SEPTRA DS #14 TABS	\$12.00	\$12.00
SGOT/AST-ASPART AMINOTRNS	\$5.36	\$8.00
SGPT/ALT-ALANIN AMINOTRNS	\$0.00	\$8.00
SHOULDER 1 VIEW	\$35.65	\$35.65
SHOULDER 2VW>	\$52.90	\$52.90
SHOULDER IMMOBILIZER	\$36.00	\$36.00
SICKLE CELL	\$2.50	\$6.67
SICKLE CELL TEST		\$6.67
SILVADENE CREAM 1% 50GM	\$11.00	\$11.00
SINUSES PARANASAL <3VIEWS	\$44.85	\$44.85
SINUSES PARANASAL 3VW>	\$79.35	\$79.35
SKILLED NURSING SERVICE	\$110.00	\$110.00
SKIN STAPLER W/STAPLES	\$47.00	\$47.00
SKIN TEST CANDIDA	\$15.35	\$15.35
SKIN TEST COCCIDIOMYCOSIS	\$11.70	\$11.70
SKIN TEST TB/PPD	\$15.00	\$15.00
SKIN TEST TRICHOPHYTON	\$15.35	\$15.35
SKINTAG REMOVAL 1-15	\$78.00	\$78.00
SKTAG REMV EA ADTL 10 LSN	\$52.00	\$52.00
SKULL <4VW	\$52.90	\$52.90
SLING MUSLIN TRIANGULAR	\$1.85	\$1.85
SLING, TEAR		\$7.45
SODIUM SERUM	\$4.85	\$7.00
SOLUCORTEF/STEROID 50MG	\$25.00	\$25.00
SOLUMEDROL 40MG		\$15.00
SPECTINOMYCIN INJECT 2GM	\$50.00	\$50.00
SPHENOPALATINE GANGL BLK	\$90.00	\$90.00
SPINE L/S 2 OR 3 VIEWS	\$35.00	\$35.00
SPINE L/S 4VW>	\$49.00	\$57.11
SPINE THORASIC-3 VIEWS	\$62.10	\$62.10
SPIROMETRY	\$27.00	\$62.00
SPLINT APPLIC-FINGER	\$30.00	\$30.00
SPLINT APPLIC-SHORT ARM	\$37.00	\$60.80
SPLINT APPLIC-SHORT LEG	\$46.00	\$65.08
SPLINT FINGER 1 X 18	\$3.05	\$3.05
SPLINT FINGER 1/2 X 18	\$2.15	\$2.15
SPLINT FINGER 3/4 X 18	\$2.55	\$2.55
SPLINT FINGER GUARD	\$6.00	\$6.00
SPLINT WRIST LARGE LEFT	\$24.00	\$24.00
SPLINT WRIST LARGE RIGHT	\$24.00	\$24.00
SPLINT WRIST MEDIUM LEFT	\$24.00	\$24.00
SPLINT WRIST MEDIUM RIGHT	\$24.00	\$24.00
SPLINT WRIST SMALL LEFT	\$24.00	\$24.00
SPLINT WRIST SMALL RIGHT	\$24.00	\$24.00
SPONGR-BIRTH CONTROL		\$17.24
SPONGES BIRTH CONTROL #12		\$17.24
SPONGES, 4X4 10 EACH		\$0.65

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
SPUTIM COLLECT CUP-72 HR	\$7.00	\$7.00
SPUTUM COLLECTION	\$20.00	\$20.00
SPUTUM COLLECTION-CLINIC	\$10.03	\$10.03
SPUTUM COLLECTION-HOME	\$6.90	\$6.90
STAPLE REMOVAL KIT	\$5.00	\$5.00
STAT PICK-UP FEE LAB	\$4.20	\$4.20
STAT SET-UP FEE	\$10.93	\$10.93
STERI STRIPS	\$10.00	\$10.00
STEROTACTIC LOCLZATIN S&I		\$316.65
STERNOCLAV JOINTS 3VW>	\$52.90	\$52.90
STERNUM 2VW>	\$52.90	\$52.90
STI INTERM VST 12-18M/EST		\$63.25
STRAPPING-ANKLE	\$32.00	\$32.00
STRAPPING-HAND OR FINGER	\$31.00	\$59.94
STRAPPING-TOES	\$30.00	\$30.00
STOOL O & P CONC-ID-DIREC		\$17.25
STOOL O & P CONCENTRATION		\$15.00
STOOL O & P DIRECT		\$10.00
STREPOCOCCUS CULTURE		\$10.70
STREPTOMYCIN INJECT 1 GM		\$18.00
STREPTOMYCIN INJECT 1 ML	\$18.00	\$18.00
STRETCH NETTING #1	\$0.65	\$0.65
STRETCH NETTING #2	\$0.00	\$0.65
STRETCH NETTING #3	\$11.00	\$11.00
STRETCH NETTING #4	\$19.00	\$19.00
SUGAR TONG SPLINT APPL		\$84.00
SULFACETAMIDE OPHTH 15ML		\$14.40
SULTRIN CREAM TUBE		\$1.70
SUPPLIES		\$1.75
SUPRAX INJ 1GM	\$57.00	\$57.00
SUT ETH 5-0 PC5 18IN UNDYD	\$61.00	\$61.00
SUT ETH 6-0 PC1 18IN UND	\$63.00	\$63.00
SUT VIC 4-0 PC5 18IN	\$62.00	\$62.00
SUT VIC 4-0 PC5 18IN UND	\$63.00	\$63.00
SUT VIC 5-0 PC1 18IN UND	\$61.00	\$61.00
SUT VIC 5-0 PC5 18IN	\$154.00	\$154.00
SUT VIC 5-0 PC5 18IN UND	\$61.00	\$61.00
SUTURE ETHILON 5-0PC518IN	\$154.00	\$154.00
SUTURE ETHILON 6-0PC118IN	\$63.00	\$63.00
SUTURE REMOVAL KIT	\$5.00	\$5.00
SYPHILIS FA SMEAR		\$20.00
SYPHILIS QUANT TPPA		\$24.00
SYPHILLIS TPPA	\$24.00	\$24.00
SYPHILLIS VDRL		\$8.00
SYPHILIS VDRL, GUAL	\$8.00	\$8.00
SYPHILIS VDRL, QUAN	\$8.00	\$8.00
T - 3 FREE		\$23.45
T-3 TOTAL	\$15.75	\$19.60
T-3 RESIN UPTAKE		\$8.95
T-3/T-4 UPTAKE	\$5.61	\$8.23
T-4 (THYROXINE)	\$16.82	\$16.82
T-4 (THYROXINE) TOTAL	\$3.00	\$9.50
T-4/THYROXINE FREE	\$16.82	\$16.82
TB AFB SENSI-EA DRUG X6	\$60.00	\$60.00
TB/AFB SUSC, EA DRUG X6		\$8.00
TB CULTURE-ANY SOURCE	\$36.00	\$36.00
TB DIRECT ID-AMPLIF PROBE	\$60.00	\$60.00
TB RETEST-RESULT QUESTION		\$10.00
TB SMEAR-ACID FAST	\$10.00	\$10.00
T-CELL SUBSET	\$38.00	\$67.75

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
TEMPOROMANDIB JNTS BILAT	\$78.20	\$78.20
TERAZOL VAG SUPPOS 80MGX3	\$18.15	\$18.15
TERAZOL 7 CREAM		\$24.00
TERAZOL SUP 80MG 3/BOX		\$18.15
TERAZOL-7 VAG CREAM	\$24.00	\$24.00
TESTOSTERONE 1CC/50MG	\$17.00	\$17.00
TESTOSTERONE TOTAL	\$31.00	\$32.82
TETANUS TOXOID		\$17.00
TETANUS VACCINE		\$17.00
TETRACYCLIN 500MG #14CAPS		\$3.00
TETRACYCLIN 500MG #28	\$6.00	\$6.00
TETRACYCLIN 500MG #48CAPS		\$9.10
THEOPHYLLINE SERUM	\$10.00	\$19.60
THROAT CULT(STREP A SCRN)		\$14.00
THYROID PANEL I		\$18.50
THYROID PANEL II		\$41.75
THYROID PNL I HYPO (2642)		\$15.50
THYROID PROFILE#1 (5005)		\$4.70
TIBIA & FIBULA 2 VIEWS	\$43.70	\$43.70
TIGAN 100MG SUPPOSITORY	\$3.00	\$3.00
TIGAN 200MG INJECTION	\$53.00	\$53.00
TIGAN 200MG SUPPOSITORY	\$3.00	\$3.00
TITER PAIRED		\$36.80
TITER PANEL		\$74.75
TITER SINGLE		\$29.00
TOE(S) 2VW>	\$31.05	\$31.05
TONOMETRY-INTRAOCULR.PRES	\$48.00	\$48.00
TORADAL INJ 30MG/ML	\$31.00	\$31.00
TORCH ANTIBODY (3190)	\$36.00	\$36.00
TOXOPLASMOSIS ANTIBODY	\$18.00	\$18.00
TOXOPLASMOSIS IGG		\$19.85
TOXOPLASMOSIS IGM	\$27.00	\$27.00
TOXOPLASMOSIS TITER IGM		\$21.00
TRAY - I & D	\$79.00	\$79.00
TRAY - IRRIGATION W/SYRINGE	\$19.00	\$19.00
TRAY - MAYO	\$20.00	\$20.00
TRAY - MINOR SURGERY	\$45.00	\$45.00
TRAY-GEN PURPOSE INSTRU	\$45.00	\$45.00
TRAY - PELVIC		\$36.00
TRICHOPHYTON SKIN TEST		\$15.35
TRICHROME STAIN-EA SPECMN		\$46.97
TRIG PT/GANGLION INJECT	\$46.00	\$52.66
TRIGGER POINT SPRAY TRTMNT	\$20.00	\$52.66
TRIGLYCERIDES	\$5.57	\$8.00
TRIPLE SULFA VAG CR		\$8.00
TSH-TYYROID STIM HORMONE	\$7.50	\$21.36
TYMPANOMETRY	\$39.00	\$39.00
UREA CLEARANCE	\$8.35	\$8.40
UREA NITROGEN		\$5.01
UREA NITROGEN, BUN	\$4.85	\$4.85
UREA NITROGEN CLEARANCE		\$9.15
URIC ACID		\$7.00
URIC ACID; BLOOD	\$4.73	\$5.75
URINALYSIS CHEM DIPSTICK	\$6.00	\$6.00
URINALYSIS COMPLETE	\$2.00	\$5.00
URINALYSIS DIP W/MICRO	\$6.00	\$6.00
URINE - PROTEIN	\$12.63	\$14.90
URINE 24 HR PROTEIN	\$17.50	\$17.50
URINE CULTURE	\$6.00	\$11.00
URINE CULTURE ID		\$11.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
URINE DRUG COLLECTION FEE		\$25.00
URINE DRUG SCREEN		\$37.00
URINE DRUG & ALCOHOL SCRIN	\$25.00	\$25.00
URINE SENSITIVITY-MIC		\$11.95
US BREAST UNI OR BILAT		\$56.75
US GUID NEEDLE BIOPS S&I		\$76.97
VAC ADMIN CHOLERA	\$9.00	\$9.00
VAC ADMIN COMVAX VFC	\$9.00	\$9.00
VAC ADMIN DT CHILD VFC	\$9.00	\$9.00
VAC ADMIN DTAP VFC	\$9.00	\$9.00
VAC ADMIN HEP A ADULT	\$9.00	\$9.00
VAC ADMIN HEP A CHILD VFC	\$9.00	\$9.00
VAC ADMIN HEP B ADULT	\$9.00	\$9.00
VAC ADMIN HEP B CHILD VFC	\$9.00	\$9.00
VAC ADMIN HEP-A	\$9.00	\$9.00
VAC ADMIN HEP-B	\$9.00	\$9.00
VAC ADMIN HIB VFC	\$9.00	\$9.00
VAC ADMIN IPV POLIO	\$9.00	\$9.00
VAC ADMIN IPV POLIO VFC	\$9.00	\$9.00
VAC ADMIN MENINGOCOCCAL	\$9.00	\$9.00
VAC ADMIN MMR	\$9.00	\$9.00
VAC ADMIN MMR VFC	\$9.00	\$9.00
VAC ADMIN PNEUMO STATE	\$9.00	\$9.00
VAC ADMIN PNEUMOCOCCAL	\$9.00	\$9.00
VAC ADMIN RABIES	\$9.00	\$9.00
VAC ADMIN RABIES IG	\$15.00	\$15.00
VAC ADMIN RHOGAM	\$9.00	\$9.00
VAC ADMIN TD 7+ VFC	\$9.00	\$9.00
VAC ADMIN TET/DIPHTH		\$9.00
VAC ADMIN TD ADULT	\$9.00	\$9.00
VAC ADMIN TYPHOID	\$9.00	\$9.00
VAC ADMIN VARICELLA	\$9.00	\$9.00
VAC ADMIN VARICELLA VFC	\$9.00	\$9.00
VAC ADMIN YELLOW FEVER	\$9.00	\$12.29
VAC CHOLERA .5ML	\$25.00	\$25.00
VAC COMVAX HIB/HEP B VFC	\$7.50	\$60.12
VAC CONJUGATE PNEUMO 7	\$9.00	\$9.00
VAC DT DIP/TET CHILD VFC	\$7.50	\$7.50
VAC DTAP VFC	\$7.50	\$9.00
VAC HEP A ADULT	\$70.00	\$70.00
VAC HEP A CHILD	\$32.00	\$32.00
VAC HEP B ADULT 1ML ENRG	\$65.00	\$65.00
VAC HEP B ADULT 1ML RECMB	\$65.00	\$65.00
VAC HEP B CHILD VFC	\$7.50	\$7.50
VAC HEP B VACCINE	\$57.48	\$78.18
VAC HEP-B 5MCG SUP/20+YRS	\$30.71	\$30.71
VAC HEP-B ADULT ENGERIX	\$57.48	\$65.00
VAC HIB VFC	\$7.50	\$7.50
VAC IPV POLIO VFC	\$9.00	\$9.00
VAC MEASELS VACCINE	\$43.70	\$43.70
VAC MEINGOCOCCAL .5ML	\$65.00	\$65.00
VAC MMR	\$40.00	\$40.00
VAC MMR VACCINE	\$60.05	\$60.05
VAC MMR VFC	\$99.00	\$99.00
VAC MUMPS VACCINE	\$45.75	\$45.75
VAC PNEUMOCOCCAL STATE	\$7.50	\$7.50
VAC POLIO INJECTION	\$53.00	\$53.00
VAC RABIES IG 10 ML	\$220.00	\$220.00
VAC RABIES IG 12 ML	\$263.00	\$263.00
VAC RABIES IG 2 ML	\$50.00	\$50.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
VAC RABIES IG 4 ML	\$90.00	\$90.00
VAC RABIES IG 6 ML	\$135.00	\$135.00
VAC RABIES IG 8 ML	\$177.00	\$177.00
VAC RABIES IM 1ML	\$302.00	\$302.00
VAC RHOGAM IM	\$63.00	\$63.00
VAC RUBELLA VACCINE	\$43.15	\$43.15
VAC TD TET/DIPHTH 7+ VFC	\$7.50	\$7.50
VAC TD TET/DIPHTH ADULT	\$17.00	\$17.00
VAC TYPHOID INJECTION	\$18.00	\$18.00
VAC TYPHOID ORAL	\$60.00	\$60.00
VAC VARICELLA	\$130.00	\$130.00
VAC VARICELLA VACCINE	\$73.45	\$73.45
VAC VARICELLA VFC	\$7.50	\$7.50
VAC YELLOW FEVER	\$70.00	\$70.00
VACCINE 23 PNEUMOCOCCAL	\$41.00	\$41.00
VAG APPLIC/IRRIG MEDICATN	\$33.00	\$33.00
VAG LESN(S) DESTRUC EXTEN	\$242.00	\$242.00
VAG LESN(S) DESTRUC SIMPL	\$97.00	\$97.00
VAG/RECTAL B STREP SCRIN		\$15.00
VAGINAL DELIVERY		\$1,200.00
VALTREX CAPS #42	\$130.85	\$130.85
VARICELLA ANTIBODY		\$24.00
VARICELLA ANTIBODY, IgG	\$24.00	\$24.00
VENIPUNC&HANDL/REF LAB		\$4.17
VENIPUNCTURE - CLINIC		\$8.05
VENIPUNCTURE W/EXAM	\$8.00	\$8.00
VENIPUNCTURE-NO EXAM	\$8.00	\$8.00
VIRAL - ISOLATION	\$26.68	\$107.00
VISION-SNELLEN	\$0.00	\$4.00
VISIT AIDS ESTAB LEVEL 1	\$29.00	\$29.00
VISIT AIDS ESTAB LEVEL 2	\$37.00	\$37.00
VISIT AIDS ESTAB LEVEL 3	\$63.00	\$63.00
VISIT AIDS ESTAB LEVEL 4	\$84.00	\$84.00
VISIT AIDS ESTAB LEVEL 5	\$135.00	\$135.00
VISIT AIDS NEW LEVEL 1	\$43.00	\$43.00
VISIT AIDS NEW LEVEL 2	\$67.00	\$67.00
VISIT AIDS NEW LEVEL 3	\$106.00	\$106.00
VISIT AIDS NEW LEVEL 4	\$129.00	\$129.00
VISIT AIDS NEW LEVEL 5	\$155.00	\$155.00
VISIT BCEDP ESTAB OC=()	\$55.20	\$55.20
VISIT BCEDP NEW OC=()	\$57.50	\$57.50
VISIT CD ESTAB LEVEL 1	\$29.00	\$29.00
VISIT CD ESTAB LEVEL 2	\$37.00	\$37.00
VISIT CD ESTAB LEVEL 3	\$63.00	\$63.00
VISIT CD ESTAB LEVEL 4	\$84.00	\$84.00
VISIT CD ESTAB LEVEL 5	\$135.00	\$135.00
VISIT CD NEW LEVEL 1	\$43.00	\$43.00
VISIT CD NEW LEVEL 2	\$67.00	\$67.00
VISIT CD NEW LEVEL 3	\$106.00	\$106.00
VISIT CD NEW LEVEL 4	\$129.00	\$129.00
VISIT CD NEW LEVEL 5	\$155.00	\$155.00
VISIT CDP ESTABLISHED		\$55.20
VISIT CDP NEW		\$57.50
VISIT CHDP ESTAB LEVEL 1	\$29.00	\$29.00
VISIT CHDP ESTAB LEVEL 2	\$37.00	\$37.00
VISIT CHDP ESTAB LEVEL 3	\$63.00	\$63.00
VISIT CHDP ESTAB LEVEL 4	\$84.00	\$84.00
VISIT CHDP ESTAB LEVEL 5	\$135.00	\$135.00
VISIT CHDP NEW LEVEL 1	\$43.00	\$43.00
VISIT CHDP NEW LEVEL 2	\$67.00	\$67.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
VISIT CHDP NEW LEVEL 3	\$106.00	\$106.00
VISIT CHDP NEW LEVEL 4	\$129.00	\$129.00
VISIT CHDP NEW LEVEL 5	\$155.00	\$155.00
VISIT EMERG>74MIN		\$67.74
VISIT EMERGENCY SERVICES		\$160.00
VISIT EIP ESTAB LEVEL 1	\$29.00	\$29.00
VISIT EIP ESTAB LEVEL 2	\$37.00	\$37.00
VISIT EIP ESTAB LEVEL 3	\$63.00	\$63.00
VISIT EIP ESTAB LEVEL 4	\$84.00	\$84.00
VISIT EIP ESTAB LEVEL 5	\$135.00	\$135.00
VISIT EIP NEW LEVEL 1	\$43.00	\$43.00
VISIT EIP NEW LEVEL 2	\$67.00	\$67.00
VISIT EIP NEW LEVEL 3	\$106.00	\$106.00
VISIT EIP NEW LEVEL 4	\$129.00	\$129.00
VISIT EIP NEW LEVEL 5	\$155.00	\$155.00
VISIT IDC ESTAB LEVEL 1	\$29.00	\$29.00
VISIT IDC ESTAB LEVEL 2	\$37.00	\$37.00
VISIT IDC ESTAB LEVEL 3	\$63.00	\$63.00
VISIT IDC ESTAB LEVEL 4	\$84.00	\$84.00
VISIT IDC ESTAB LEVEL 5	\$135.00	\$135.00
VISIT IDC NEW LEVEL 1	\$43.00	\$43.00
VISIT IDC NEW LEVEL 2	\$67.00	\$67.00
VISIT IDC NEW LEVEL 3	\$106.00	\$106.00
VISIT IDC NEW LEVEL 4	\$129.00	\$129.00
VISIT IDC NEW LEVEL 5	\$155.00	\$155.00
VISIT IMU ESTAB LEVEL 1	\$29.00	\$29.00
VISIT IMU ESTAB LEVEL 2	\$37.00	\$37.00
VISIT IMU ESTAB LEVEL 3	\$63.00	\$63.00
VISIT IMU ESTAB LEVEL 4	\$84.00	\$84.00
VISIT IMU ESTAB LEVEL 5	\$135.00	\$135.00
VISIT IMU NEW LEVEL 1	\$43.00	\$43.00
VISIT IMU NEW LEVEL 2	\$67.00	\$67.00
VISIT IMU NEW LEVEL 3	\$106.00	\$106.00
VISIT IMU NEW LEVEL 4	\$129.00	\$129.00
VISIT IMU NEW LEVEL 5	\$155.00	\$155.00
VISIT NEW LEVEL 1		\$43.00
VISIT NEW LEVEL 2		\$67.00
VISIT NEW LEVEL 3		\$106.00
VISIT NEW LEVEL 4		\$129.00
VISIT NEW LEVEL 5		\$155.00
VISIT OH ESTAB LEVEL 1	\$29.00	\$29.00
VISIT OH ESTAB LEVEL 2	\$37.00	\$37.00
VISIT OH ESTAB LEVEL 3	\$63.00	\$63.00
VISIT OH ESTAB LEVEL 4	\$84.00	\$84.00
VISIT OH ESTAB LEVEL 5	\$135.00	\$135.00
VISIT OH NEW LEVEL 1	\$43.00	\$43.00
VISIT OH NEW LEVEL 2	\$67.00	\$67.00
VISIT OH NEW LEVEL 3	\$106.00	\$106.00
VISIT OH NEW LEVEL 4	\$129.00	\$129.00
VISIT OH NEW LEVEL 5	\$155.00	\$155.00
VISIT PACT ES LV 1MF 5MN	\$29.00	\$29.00
VISIT PACT ES LV 2MF 10MN	\$37.00	\$37.00
VISIT PACT ES LV 3MF 15MN	\$63.00	\$63.00
VISIT PACT ES LV 4F 25MN	\$84.00	\$84.00
VISIT PACT NW LV 1MF 10MN	\$43.00	\$43.00
VISIT PACT NW LV 2MF 20MN	\$67.00	\$67.00
VISIT PACT NW LV 3MF 30MN	\$106.00	\$106.00
VISIT PACT NW LV 4F 45MN	\$129.00	\$129.00
VISIT PC ESTAB LVL 1	\$29.00	\$29.00
VISIT PC ESTAB LVL 2	\$37.00	\$37.00

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current Fee:	Proposed Fee:
VISIT PC ESTAB LVL 3	\$63.00	\$63.00
VISIT PC ESTAB LVL 4	\$84.00	\$84.00
VISIT PC ESTAB LVL 5	\$135.00	\$135.00
VISIT PC NEW LVL 1	\$43.00	\$43.00
VISIT PC NEW LVL 2	\$67.00	\$67.00
VISIT PC NEW LVL 3	\$106.00	\$106.00
VISIT PC NEW LVL 4	\$129.00	\$129.00
VISIT PC NEW LVL 5	\$155.00	\$155.00
VISIT PEDI ESTAB LEVEL 1	\$29.00	\$29.00
VISIT PEDI ESTAB LEVEL 2	\$37.00	\$37.00
VISIT PEDI ESTAB LEVEL 3	\$63.00	\$63.00
VISIT PEDI ESTAB LEVEL 4	\$84.00	\$84.00
VISIT PEDI ESTAB LEVEL 5	\$135.00	\$135.00
VISIT PEDI NEW LEVEL 1	\$43.00	\$43.00
VISIT PEDI NEW LEVEL 2	\$67.00	\$67.00
VISIT PEDI NEW LEVEL 3	\$106.00	\$106.00
VISIT PEDI NEW LEVEL 4	\$129.00	\$129.00
VISIT PEDI NEW LEVEL 5	\$155.00	\$155.00
VISIT PERI ESTAB LEVEL 1	\$29.00	\$29.00
VISIT PERI ESTAB LEVEL 2	\$37.00	\$37.00
VISIT PERI ESTAB LEVEL 3	\$63.00	\$63.00
VISIT PERI ESTAB LEVEL 4	\$84.00	\$84.00
VISIT PERI ESTAB LEVEL 5	\$135.00	\$135.00
VISIT PERI NEW LEVEL 1	\$43.00	\$43.00
VISIT PERI NEW LEVEL 2	\$67.00	\$67.00
VISIT PERI NEW LEVEL 3	\$106.00	\$106.00
VISIT PERI NEW LEVEL 4	\$129.00	\$129.00
VISIT PERI NEW LEVEL 5	\$155.00	\$155.00
VISIT STI ESTAB LEVEL 1	\$29.00	\$29.00
VISIT STI ESTAB LEVEL 2	\$37.00	\$37.00
VISIT STI ESTAB LEVEL 3	\$63.00	\$63.00
VISIT STI ESTAB LEVEL 4	\$84.00	\$84.00
VISIT STI ESTAB LEVEL 5	\$135.00	\$135.00
VISIT STI NEW LEVEL 1	\$43.00	\$43.00
VISIT STI NEW LEVEL 2	\$67.00	\$67.00
VISIT STI NEW LEVEL 3	\$106.00	\$106.00
VISIT STI NEW LEVEL 4	\$129.00	\$129.00
VISIT STI NEW LEVEL 5	\$155.00	\$155.00
VISIT UC ESTAB LEVEL 1	\$29.00	\$29.00
VISIT UC ESTAB LEVEL 2	\$37.00	\$37.00
VISIT UC ESTAB LEVEL 3	\$63.00	\$63.00
VISIT UC ESTAB LEVEL 4	\$84.00	\$84.00
VISIT UC ESTAB LEVEL 5	\$135.00	\$135.00
VISIT UC NEW LEVEL 1	\$43.00	\$43.00
VISIT UC NEW LEVEL 2	\$67.00	\$67.00
VISIT UC NEW LEVEL 3	\$106.00	\$106.00
VISIT UC NEW LEVEL 4	\$129.00	\$129.00
VISIT UC NEW LEVEL 5	\$155.00	\$155.00
VISTARIL 50MG		\$19.00
VISTARIL UP TO 25MG		\$19.00
VISUAL ACUITY		\$22.00
VISUAL FIELD EXAM	\$16.40	\$18.86
VITAMIN B-12 1000 MCG INJ	\$10.00	\$10.00
VITAMIN B-12 1000MSG INJ		\$10.00
VITAMIN B12; BLOOD	\$13.00	\$19.16
VITAMIN B-6 25MG #100	\$7.50	\$7.50
VULV LESN(S) DESTRUC EXTN	\$181.00	\$181.00
VULV LESN(S) DESTRUC SIMP	\$107.00	\$107.00
WART 1-4 LESIONS		\$58.00
WART FLAT/MILIA 15+	\$36.00	\$79.21

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

<u>Description of Activity/Service</u>	<u>Current Fee:</u>	<u>Proposed Fee:</u>
WART FLAT/MILIA/MOLUS 15+	\$68.00	\$79.21
WART FLAT/MILIA/MOLUS<15	\$58.00	\$58.00
WART REMOV COMMN/PLNT-1ST	\$58.00	\$58.00
WART REMOV EA ADDL TO 14	\$36.00	\$36.00
WET MOUNT	\$6.00	\$6.00
WET MOUNT/KOH SLIDE		\$8.00
WHITE BLOOD CELL COUNT	\$5.36	\$5.70
WHITE BLOOD CELL CT &DIFF	\$6.75	\$6.75
WRIST 3VW>	\$52.90	\$52.90
WRIST-2 VIEWS	\$35.65	\$35.65
WRIST SUPPORT		\$55.00
WYCILLIN 2.4 MIL UNITS		\$37.00
WYCILLIN 600,000 UNITS		\$19.00
X-RAY EXM CNSLT WRTN RPT1	\$50.00	\$50.00
X-RAY EXM CNSLT WRTN RPT3	\$75.00	\$75.00
X-RAY MINIFILM		\$15.00
ZINC	\$11.05	\$15.75
ZINC, PROTOPORPHYRIN	\$0.00	\$47.50
ZITHROMAX 1GM SUSP	\$0.00	\$41.00

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